

PHOTO: UNICEF/AFGA00246S/LEMOYNE

3.

BACKGROUND

With the fall of the Taliban in late 2001 Afghanistan saw the possibility of peace for the first time in a quarter of a century. For too long, a proud and honourable people have faced incessant war, drought and displacement.

The end of the Taliban regime brought with it the return of hope, but it also threw up seemingly insurmountable challenges in a country where virtually every political, civic and socio-economic structure has been devastated.

The destruction of the heavily populated Shomali farmland is one of the ugliest legacies of the Taliban. They created a scorched earth zone across the southern Shomali Plain, destroying crops, fertile fields and any hope the residents may have had of returning to their homeland. Immediately after the burnings and destruction in 1999 the UN estimated that 140,000 people had been displaced, 100,000 in the alliance-held Panjshir valley and 40,000 in Kabul. The plains, just north of Kabul, were some of the richest farmland in Afghanistan where an intricate network of irrigation channels fed fruit orchards and vineyards and cornfields.

The years of war, drought and destruction of farmland all over the country resulted in a huge population of internally displaced people (IDP's). At the time of the fall of the Taliban more than 4 million Afghans were living in refugee camps in Pakistan and Iran.

A few weeks after toppling of the Taliban at the end of 2001, representatives of various Afghan factions met in Bonn, to map out Afghanistan's future. After lengthy and often complicated negotiations the Bonn Agreement was signed on 5 December 2001. Agreements were reached about the creation of a new constitution, an interim power sharing agreement and elections in 2004. The Bonn Agreement helped create both the framework and timetable for establishing peace and security, reconstructing the country and reestablishing key institutions.

An Afghan Interim Authority was installed in Kabul in December 2001. The Interim Authority gave way to a Transitional Authority in June 2002. The Transitional Authority renamed the government as the Transitional Islamic State of Afghanistan (TISA). A primary function of TISA has been to draft a constitution, presented to a Loya Jirga or Grand Council in December 2003.

The challenges are enormous. The decades of war have destroyed much of the foundation of a functioning society. Parliament, the courts, much of the civil service, and most of the educational and health systems need to be built up from scratch.

Institutions are being re-established and the process of general reconstruction in Afghanistan has begun. Stability is still tenuous and programmes in many areas are hampered by inaccessible locations and the threat of insecurity. Parts of the country continue to be in the grip of the warlord system and sporadic fighting in some areas disrupts programme delivery. Coalition activity continues against Taliban or terrorist groups, restricting access to areas that may already be under served.

An important beginning was made with the first substantial inflow of development funding in 2002, notably through the ITAP (Immediate and Transitional Assistance Programme) for Afghanistan. The challenge now is to ensure that the requisite financial and human resources continue to be made available for the enormous task of national reconstruction facing Afghanistan.

In Kabul, the security and human rights situation has improved markedly, largely because of the introduction of the International Security Assistance Force (ISAF) and the heavy international presence in the capital. But outside Kabul high crime rates and lack of security continue to be the norm. Warlords now represent the primary threat to peace and stability in the country. As Human Rights Watch and other groups have documented throughout the year since the signing of the Bonn Agreement, local and regional military commanders and their troops regularly abuse the human rights of those Afghans living in areas under their control. Each of these factors has in turn negatively affected reconstruction efforts and the delivery of humanitarian assistance.

But the will of the ordinary Afghan to rebuild a shattered life is extraordinarily strong. The war has destroyed homes and institutions but it has not yet crushed the spirit of the remarkable people of this courageous land. They are eager to meet the huge challenge that faces them. Their resilience and strength are beyond doubt. They have endured and survived the worst. What they lack are skills, technical and managerial ability. And the opportunities to make a life of peace and plenty for themselves.



4.

THE EARLY YEARS



PHOTO: UNICEF/AFGA/00553S/HARTLEY

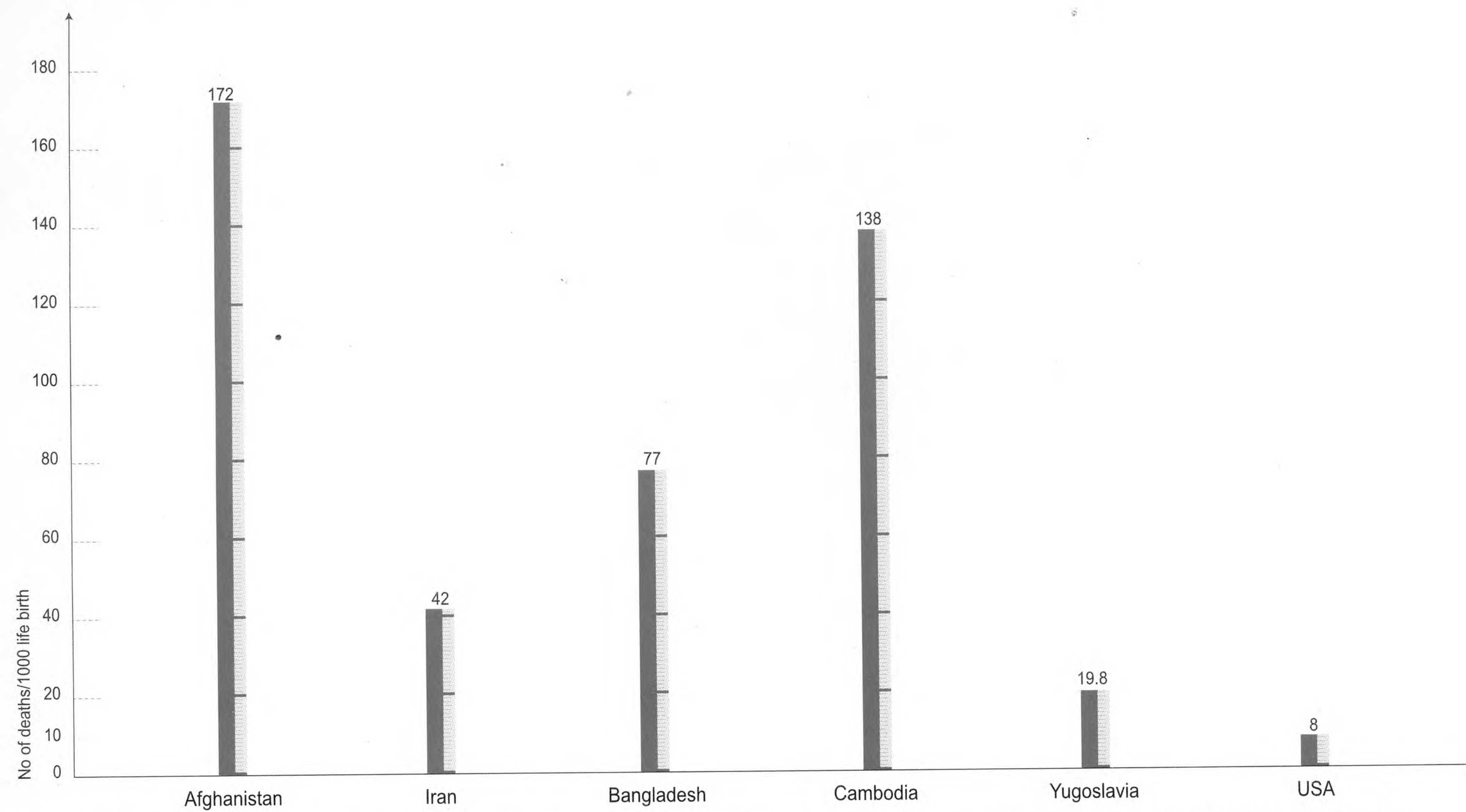
Life in Afghanistan has never been easy. Generations have struggled hard to coax a living from the arid mountains. Grappling with centuries of economic and political adversity has produced a hardy nation of independent and resilient people, whose valour and endurance are legendary. But almost a quarter of a century of virtually uninterrupted war and the long years of extreme drought have worn down the coping mechanisms of even the toughest.

Everyone suffers when a country is beset by unending conflict, chronic underdevelopment and natural disasters, but it is usually the most vulnerable who pay the greatest price. Afghanistan's children, especially its girls, have paid a particularly heavy price. From the moment of birth, they are under threat. Childhood illnesses, malnutrition and early death are almost everyday occurrences. The poverty they experience is not just economic poverty. It is poverty of education, of opportunities and of choices. At every stage of a child's life, there are threats to basic survival, optimal physical and mental development, and equal and dignified participation in the life of the nation.

The following pages describe the threats as well as the opportunities in every phase of the life cycle of an Afghan child. UNICEF continues to use its mandate to explore possibilities for making more opportunities and more choices available to the children and families of Afghanistan.

The most fragile time of an Afghan child's life is the period from birth to the fifth birthday. One out of every five children dies during these vulnerable years of life. At 172 deaths per 1,000 live births, the under-five mortality rate in Afghanistan is one of the highest in the world.

UNDER 5 MORTALITY: INTERNATIONAL COMPARISON



Source: Afghanistan – 2003 Multiple Indicator Cluster Survey, UNICEF/CSO. Other countries- State of the World's Children 2004. UNICEF New York

RISKS AT BIRTH

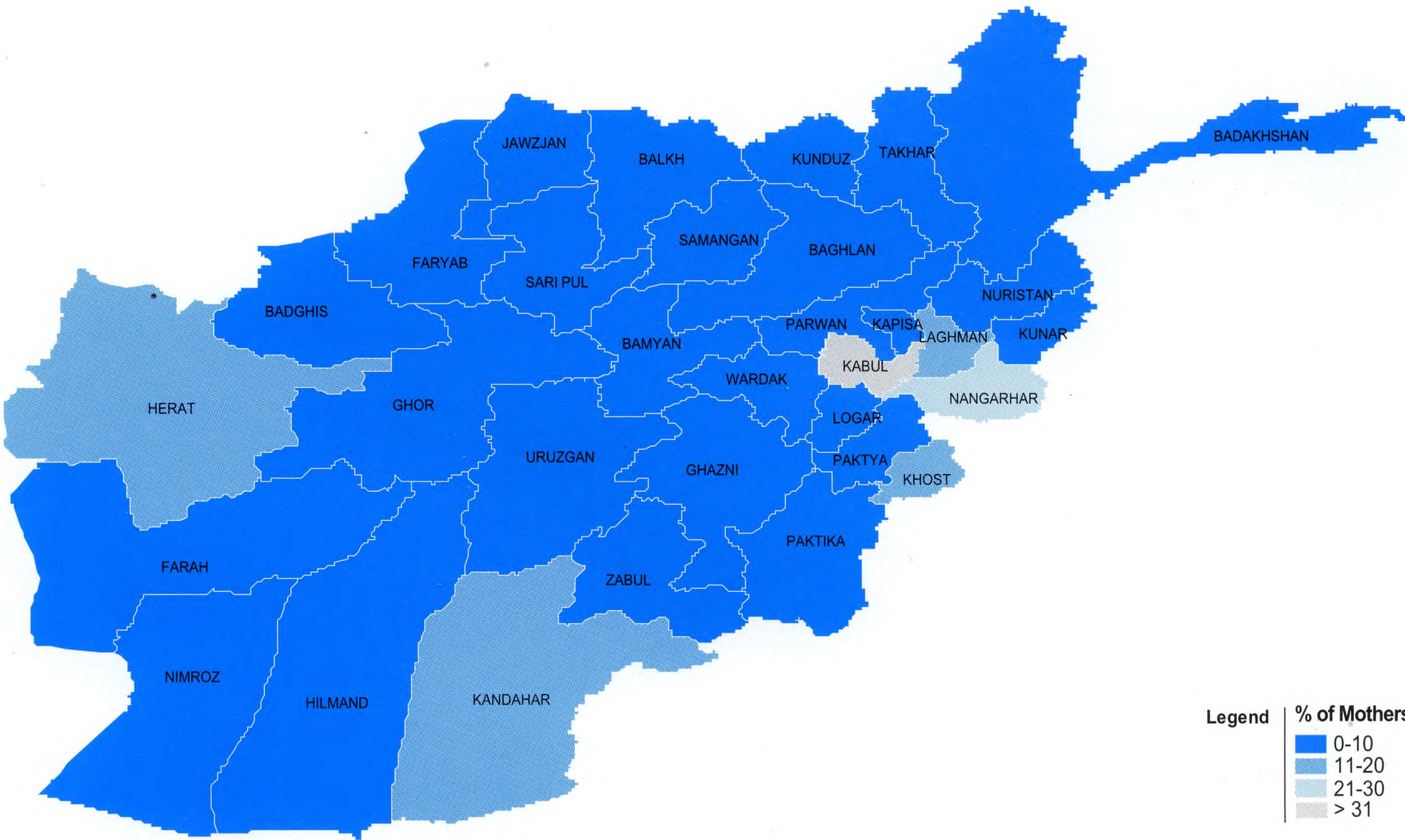
ARTICLE 6 OF THE CONVENTION ON THE RIGHTS OF THE CHILD STATES:

1. State Parties recognize that every child has the inherent right to life.
2. State Parties shall ensure to the maximum extent possible the survival and development of the child.

The threats to a new life begin well before birth. A mother's health and nutritional level have a direct impact on her child's chances of survival and normal growth. The vast majority of women in Afghanistan have little or no access to health services and their nutritional status is often compromised because of economic, ecological and cultural factors. The long years of war, drought and displacement have impoverished millions of families. All too often there is a shortage of food in the home. Women traditionally eat last and therefore they also eat least. The lack of micronutrients such as iron and iodine affect not only the mother's nutritional status but that of her child as well. The average Afghan woman goes through six pregnancies. Each pregnancy depletes her body of vital nutrients that cannot be replaced through her poor diet. Environmental iodine deficiency can lead to repeated miscarriages and stillbirths as well as birth defects in the newborn child. Iron deficiency anemia affects seven out of ten Afghan women. With little or no access to emergency obstetric care, this poses grave risks to the unborn child as well as the mother.

Nine out of ten births in Afghanistan take place at home, without the help of any trained birth attendant. Only one in ten pregnant women has access to any ante-natal care. This absence of skilled care during pregnancy and at the time of delivery makes childbirth a dangerous time for both mother and child. Unsafe birth practices can expose both mother and child to the risk of dying of tetanus. The lack of women doctors and the difficulty of accessing far-off health facilities increase the risk of maternal death.

% OF MOTHERS WHOSE LAST DELIVERY TOOK PLACE IN A HEALTH FACILITY

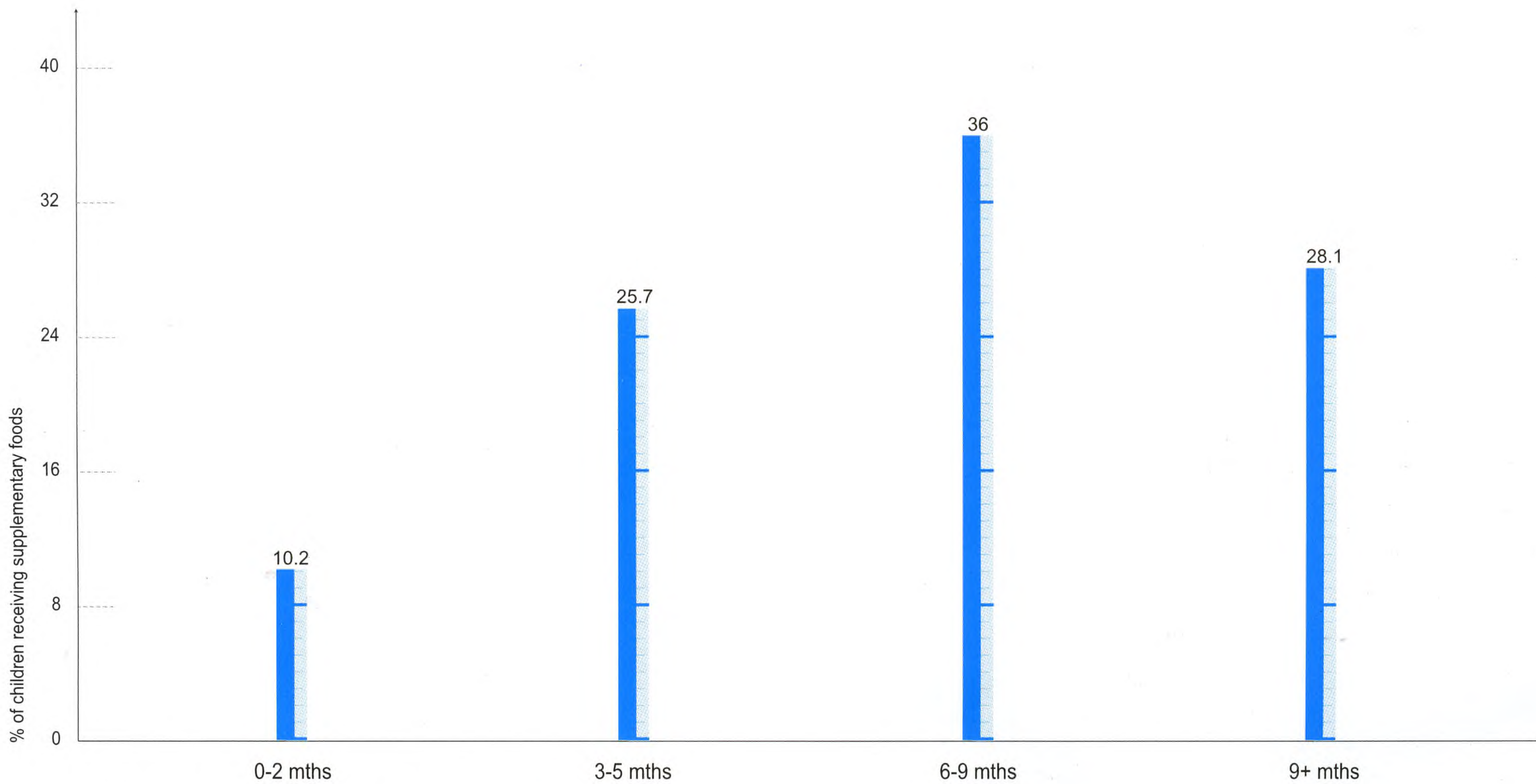


Source: 2003 Multiple Indicator Cluster Survey, UNICEF Afghanistan/CSO

If a newborn's mother dies while giving birth, the baby has only one chance in four of living until its first birthday. Most motherless infants die in the first month of life from acute malnutrition due to lack of breast milk.

A baby who survives the risky time of delivery will almost certainly have the advantage of breastfeeding, although this may be several hours or even days after its birth. 97 per cent of Afghan babies are breastfed but 61 per cent are given no colostrum. Nine out of ten children continue to be breastfed for up to a year but this has an impact on the introduction of supplementary foods. The MICS data show that 36 per cent of children are between six to nine months old at the time of supplementation.

% OF CHILDREN RECEIVING SUPPLEMENTARY FOOD BY AGE



Source: 2003 Multiple Indicator Cluster Survey, UNICEF Afghanistan/CSO

INFECTIOUS DISEASES

ARTICLE 24 OF THE CONVENTION ON THE RIGHTS OF THE CHILD STATES:

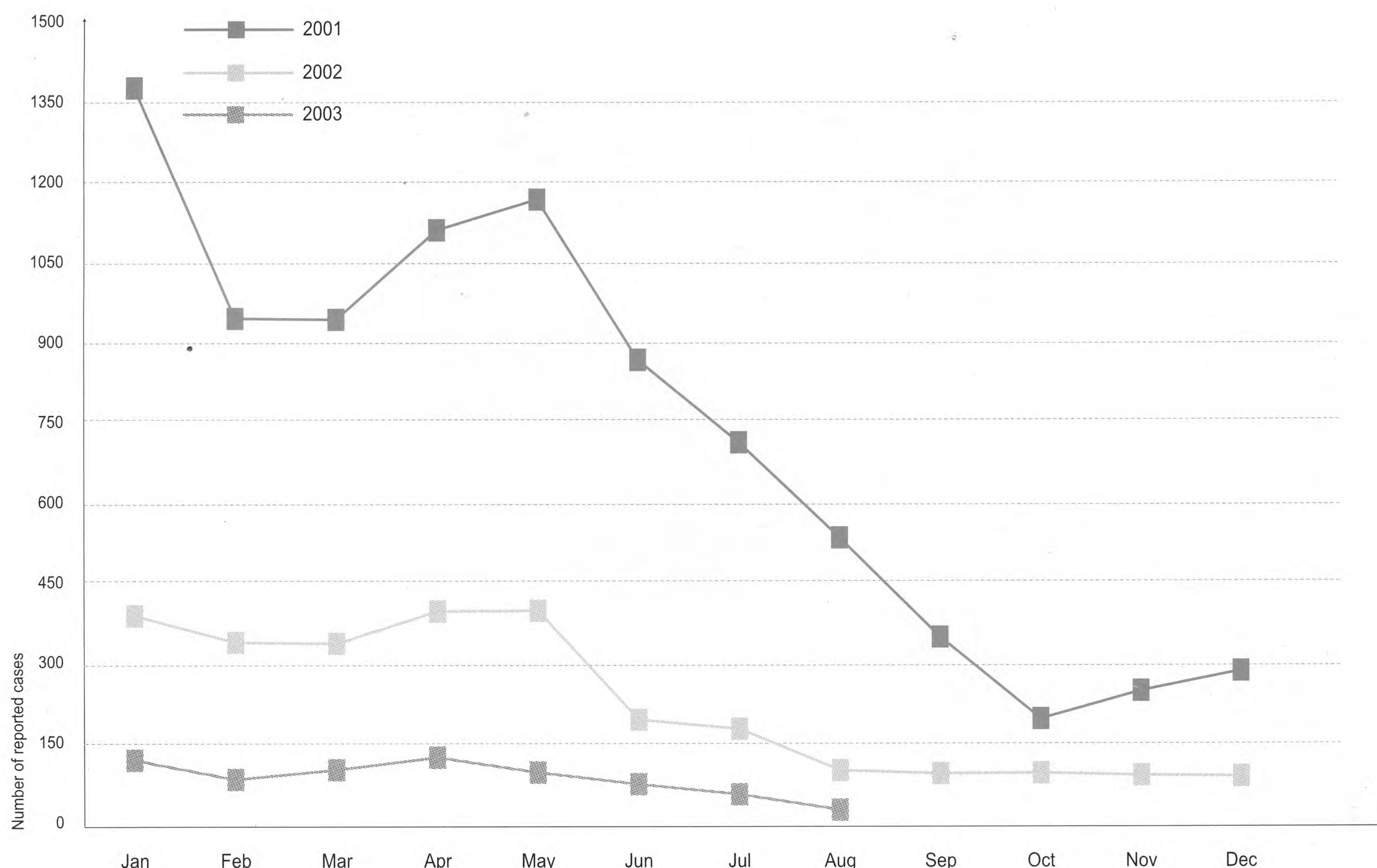
1. State Parties recognize the right of the child to the enjoyment of the highest attainable standards of health and to facilities for the treatment of illnesses and rehabilitation of health. State Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. State Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
   a) To diminish infant and child mortality;
   b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
   c) To combat disease and malnutrition, including within the framework of primary health care, through inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;
   d) To ensure appropriate pre-natal and post-natal health care for mothers;
   e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breast feeding, hygiene and environmental sanitation and the prevention of accidents;
   f) To develop preventive health care, guidance for parents and family planning education and services
3. State Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
4. State Parties undertake to promote and encourage international cooperation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.


PHOTO: UNICEF/AFGA00158S/NOORANI

As the infant turns into a toddler, the risk of infectious childhood diseases begins to grow ever more threatening. Communicable diseases such as measles and water-borne infections that cause diarrhea account for the majority of deaths among children under the age of five.

As in other countries going through complex emergencies, measles in Afghanistan has previously been one of the major killers, contributing to approximately 70,000 cases and 35,000 under-five deaths every year. Case-fatality rates are particularly high among malnourished children. Between 1999 and 2001 there were many outbreaks of measles in almost all parts of the country. To save the lives of young children and prevent disability, National Immunization Day (NID) campaigns against measles and polio have been conducted regularly every year since 2001. 11 million children under the age of 12 were immunized for life against measles in 2002. In 2003, over 5 million children between six and 59 months of age were immunized. MICS shows a coverage of 76 per cent for children aged between nine and 59 months. Preliminary data from Expanded Programme on Immunization (EPI) surveillance sites indicates a significant reduction in the number of reported measles cases from January 2001 to June 2003.

NUMBER OF REPORTED MEASLES CASES 2001-2003



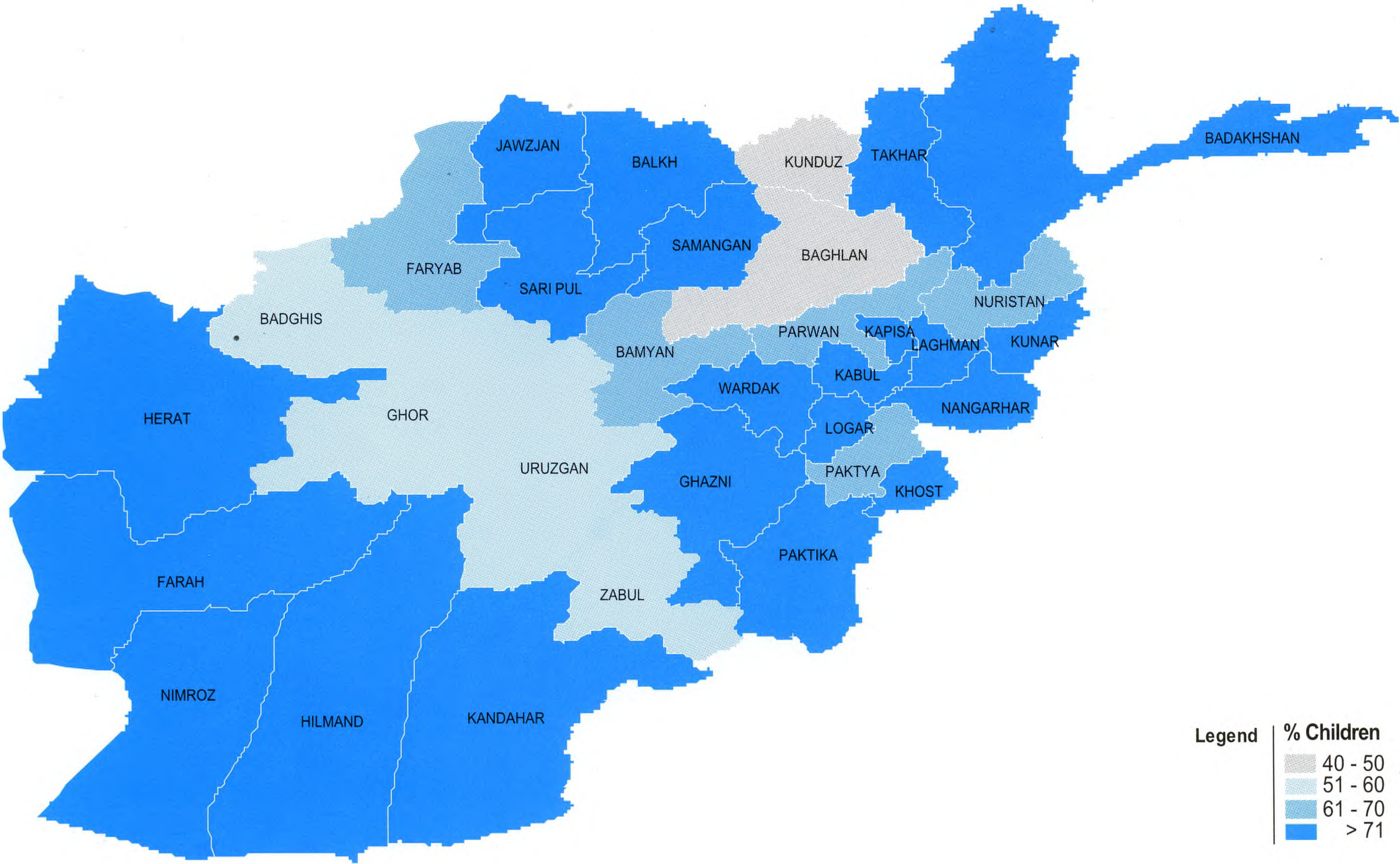
Routine measles coverage under the EPI programme has been of limited success, reaching only about half of children under the age of five. Routine immunization activities have been strengthened by providing cold chain equipment and financial support. This has enabled some 1,200 vaccinators to provide services at 560 fixed EPI centres through 22 fixed and outreach sessions per month. However, it is due to the dramatic increase in coverage through NIDs that measles outbreaks have been reduced significantly, bringing down the threat to young lives all over the country. The addition of Vitamin A supplementation to the NIDs covers more than 5 million children under the age of five with two doses annually, providing further protection against the mortality and morbidity associated with measles.

AGAINST ALL ODDS

Some areas in Afghanistan are so isolated that NID teams have to travel for days to reach them. The vaccines are carried on donkeys, the only means of negotiating the difficult terrain. Despite the inaccessible locations and conflict conditions, measles immunization coverage levels have reached nearly 100 per cent.

This represents an extraordinary achievement. No other developing country facing a complex emergency has reached such high levels of coverage for measles. The micro-planning experience of the NID staff has been critical to the success of the measles campaign. But what has distinguished the campaign is the immense enthusiasm and determination of 40,000 Afghan volunteers who have participated in four rounds of NIDs and two rounds of sub-NIDs for polio. Determined to exceed targets every time, they have led the campaign to unprecedented success.

% OF CHILDREN UNDER 5 RECEIVING MEASLES VACCINE



Polio is an easily preventable cause of child disability. The success of the global movement for eradicating polio has brought the world closer to the goal of a world free of polio. Transmission of the wild poliovirus is now limited to only five countries – Egypt, Niger, India, Pakistan, and Afghanistan. Of these countries, Afghanistan is making the most significant progress.

Polio eradication campaigns have managed to reach more than 6 million children (at least 95 per cent) under the age of five years in each round of NIDs in Afghanistan. MICS data recorded, in June 2003, coverage of children receiving at least three doses at 51 per cent, but coverage of the target population for each round conducted in 2003 has been over 90 per cent. After 16 rounds of quality NIDs from 2000 to May 2003, the number of confirmed polio cases has come down. The table below shows the progress of polio eradication efforts in Afghanistan.

POLIO CASES IN AFGHANISTAN

YEAR	NUMBER OF CASES	NUMBER OF DISTRICTS REPORTING POLIO CASES
2000	27	22
2001	11	7
2002	10	10
December 2003	7	7

Despite the increasing efforts to eradicate polio transmission, ten polio cases were confirmed in 2002. In 2003, seven confirmed cases were detected. Five out of the ten cases detected in 2002 were returnee children from Pakistan, even though polio and measles immunization have been provided to the children of returning families at encashment centres upon their entry to Afghanistan. The latest emerging challenge to the polio eradication programme in Afghanistan is an unprecedented influx of repatriated refugees from Pakistan and Iran. The majority of the returnees from Pakistan were living in areas where the wild poliovirus has been observed. Their repatriation to their places of origin throughout Afghanistan presents a serious potential threat of the reintroduction of wild poliovirus to places where no confirmed cases have been found for over two years, especially in the northern region. It also poses a daunting challenge for the Acute Flaccid Paralysis (AFP) surveillance system to remain at its most vigilant throughout the country. There has also been endemic transmission of wild poliovirus in the southern region of Afghanistan. The polio immunization campaigns and routine immunization will continue to be strengthened in these areas.

Four rounds of NIDs and three rounds of sub-national NIDs were conducted in 2003. Polio NIDs will continue to adopt a house to house strategy with the target of reaching all households with the support of UNICEF and WHO. In 2004, four rounds of NIDs and one sub-national Immunization Day will be carried out to stop the transmission of poliovirus through the quality polio campaign planned by the Ministry of Health.

Vitamin A supplementation has been provided to children between the ages of six and 59 months twice a year during the NIDs. The number of children given supplemental doses of Vitamin A has increased from 4.3 million in May 2001 to over 5.2 million in April 2003.

NUTRITIONAL DEFICIENCIES

Post-conflict situations, particularly in the emergency phase, are often characterized by severe malnutrition among large sections of the population. Afghanistan, however, has not seen acute malnutrition on a large scale. While no national level data is available in Afghanistan, smaller surveys consistently point to a less than 10 per cent prevalence of acute malnutrition. However, moderate or chronic malnutrition is widespread. Between 40 and 60 per cent of Afghanistan's children are stunted or chronically malnourished, and micronutrient-related deficiency diseases are common. The underlying causes are complex and are frequently related to the gradual deterioration of livelihoods and environments over several years. Chronic food insecurity leads to a lack of dietary diversity, which has an effect on micronutrient status, malnutrition and mortality among children under the age of five.

Millions of people have been displaced, removing them from the sources of their livelihood. Even those who were not displaced have been impoverished by years of war and the current prolonged drought. Traditional small enterprises like carpet weaving and the production of cotton, silk and cinnamon oil have all been affected by the combination of drought, war and a shortage of cash for investment. As a result, more and more people in Afghanistan are sinking into poverty and hunger.

The capacity of populations to diversify their diet in Afghanistan is affected in varying degrees by several factors.

Location is a critical factor. Many areas are isolated due to the mountainous terrain and lack of roads. The snow in winter makes many areas completely inaccessible at times, even by helicopter. This affects opportunities for trade, access to markets, and the ability of the international community to provide aid.

Climate is another important constraint. The winter can last up to six months, with cold weather and significant snowfall inhibiting most fruit and vegetable cultivation for half the year. Loss of productive capacity due to drought has been a major cause of widespread malnutrition. The four-year drought has resulted in a reduction of cultivable land and agricultural production. The main staple crop – wheat – has been given priority over diversified food production. Moreover, the drought has also significantly reduced the availability of fruit, nuts, and other vegetation that families used to traditionally preserve for consumption during the long winters. Loss of livelihoods and asset depletion has dealt a huge blow to the ability of families to feed themselves adequately. Drought and conflict have resulted in enormous loss of assets, and this has reduced household purchasing power and any ability to diversify the diet. In addition, the reduction in livestock such as goats, sheep, and camels, has decreased available animal labor to cultivate the land and has drastically reduced dairy and meat consumption.

UNICEF has supported supplementary and therapeutic nutrition at many feeding centres run by partner NGOs. More than 300,000 children under five years of age and pregnant and lactating women have been treated through supplementary feeding programmes at 174 feeding centres across the country. In addition, to prevent further deterioration in the nutritional status of children in drought-affected areas, blanket-feeding operations with UNIMIX and oil covered about 33,000 children aged below five years in the most remote districts in western Afghanistan as well as over 40,000 internally displaced people in the southern regions. This is expected to significantly reduce the incidence of deaths from malnutrition, which also predisposes children to contract other diseases which can lead to serious illness or death.

CHANGING LIVES

CHILDREN IN AFGHANISTAN

AN OPPORTUNITY ANALYSIS

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef

A CASH FAMINE

[Struggling through more than two decades of protracted conflicts]... the Afghan population developed coping strategies to mitigate these threats, including migration, employment diversification, submission to political oppression and taking up arms, for example. While the problems of survival were enormous for many people, most individuals, households and communities somehow lived through the many years of war. But Afghan households are less adept at coping with drought. Drought-induced agriculture and livestock production losses are responsible for sharp declines in farm income. Vulnerability to food insecurity increased sharply in recent years and remains very high throughout Afghanistan. All over the country there are crises of purchasing power, production and credit that continue to directly threaten household food security. The resulting "cash famine" coincides with increasing reliance by both rural and urban households on the market for food products, water and fuel. The resulting chronic and transitory food insecurity in Afghanistan is widespread, deep, complex and life-threatening.

There are many instances where people would have died without humanitarian assistance, especially emergency water interventions and emergency food aid. For some households, there is a role for targeted, balanced and long-term programmes of food assistance. However, the bulk of the vulnerable populations will find greater relief from food security through direct emergency and development interventions to create/restore primary and secondary road networks, expanded support for Cash-For-Work interventions, aggressive post-drought programmes to restore livestock bases (from the family cow to the farmer's team of oxen to the pastoralists' herds); interventions to increase the quality and quantity of water available for household and agriculture use; health programmes to address problems of infectious diseases, and post-drought programmes to restore agriculture productivity and related employment in crops, orchards and vineyards.

Food security will only result when Afghans are able to grow, buy or rely on their kinship networks for their own food and water needs.

From Qaht-e-Pool: A Cash Famine, The Feinstein International Famine Centre, Friedman School of Nutrition Science and Policy, Tufts University. May 2002.

CAUSES OF DEATH AMONG CHILDREN UNDER 5, KOHISTAN DISTRICT OF AFGHANISTAN, APRIL 2001



Source: SCF US / CDC / UNICEF

Low weight for age, wasting and stunting in young children continues to be one of the most significant public health problems in Afghanistan. Most studies that have documented stunting in deprived communities indicate that it begins in the first two or three years of life. The causes of growth failure are generally age-specific.

At birth, infant weight and length are determined by maternal factors – including the mother's age and nutritional status. Maternal malnutrition accounts for almost 50 per cent of intrauterine under-nutrition in developing countries like Afghanistan. From the age of six months through two years of age, infant feeding practices, particularly breastfeeding and complementary feeding, along with exposure to infectious diseases are the main influences on growth.

While poverty is often the underlying cause of lack of food or limited access to health care, improved caring practices can optimize the use of existing resources to promote healthy growth. Interventions other than emergency nutrition are difficult to implement without a better understanding of caring practices at the household level.

Because feeding and caring practices at the household level have a direct impact on the nutritional status of families, UNICEF has supported the development of a social communication plan to promote better caring practices. In addition, staff in six provincial hospitals have been trained in better infant breastfeeding and weaning practices.

Scurvy, an ancient deficiency disease, has been commonly seen in settings of complex emergencies and socio-cultural disruption. It has made an appearance in epidemic proportions in the mountainous regions of Afghanistan.

In March 2002, there were reports of a hemorrhagic fever outbreak in western Afghanistan. It was later confirmed that the hemorrhagic symptoms and increased mortality were actually due to scurvy. Most aid workers did not include scurvy in the initial differential diagnosis because it is uncommon throughout the world and has mainly been reported in refugee populations in recent times. A rapid assessment confirmed the cases clinically, estimated a prevalence rate of 6.3 per cent (a severe public health problem), and determined that the attack rates peaked each year in January and February, at the end of winter.

A study conducted by the Afghan Ministry of Health and UNICEF assessed childcare practices in the Panjsheer Valley area, in order to work with families to identify care and feeding practices that affect child nutrition and to find culturally acceptable and effective ways to improve these practices.

Many Afghans have limited dietary diversity due to isolated locations, lengthy winters, the continuing drought of the last four years, asset depletion, and loss of livelihood. After numerous food and fortification options to prevent future outbreaks had been considered, Vitamin C tablet supplementation was selected because of the relatively rapid response time as compared with other prevention methods. A three-month course of Vitamin C tablets was distributed to 827 villages in at-risk areas. The tablets were acceptable and compliance was good.

Provision of Vitamin C to 1.2 million people in areas of high risk in the northern and western provinces has prevented a recurrence of outbreaks of scurvy. No cases of scurvy were reported during the winter of 2002–2003.

Iodine deficiency is one of the most widespread nutritional deficiencies in Afghanistan. Although no large-scale surveys have been conducted, prevalence levels ranging from 12 per cent to 80 per cent of the population have been recorded at different times. Goitre and cretinism are two of the most easily recognizable and visible effects of iodine deficiency. Among its more serious consequences is the mental under-development of populations living in environments where the soil and water - and consequently the food - are deficient in iodine. Reductions of up to 10 to 15 IQ points have been reported from endemic areas, with serious implications for the ability of populations in those areas to benefit from educational and employment opportunities.

A Universal Salt Iodation programme has been initiated in Afghanistan to combat the physical and mental defects resulting from Iodine Deficiency Disorders. Experience in Afghanistan and elsewhere shows that ensuring quality control for adequate levels of iodine is very difficult when thousands of small-scale salt crushers are involved. UNICEF is supporting Afghanistan's private and public sector (in partnership with the Ministry of Mines) to establish a few strategically located large scale iodized salt production facilities with a minimum production capacity of 40 metric tons per day.

The first large-scale factory has been established in partnership with a cooperative of salt producers in Kabul City. The Ayenda-e-Durkhshan ("Bright Future") factory started producing iodized salt in the spring of 2003. It is owned by a cooperative of eight Afghans, who invested $3,000 each to construct the factory building while UNICEF covered the cost of all machinery, initial packaging material and potassium iodate, at a cost of $100,000. This factory now supplies good quality iodized salt to Kabul city and its surrounding areas. The MICS survey conducted in June and July 2003 shows that the percentage of households that use iodized salt has increased sharply in Kabul city –from 5 per cent before the factory was established to 36.6 per cent - and in the surrounding rural provinces it has increased from less than 1 per cent to 15 per cent.

% OF HOUSEHOLDS USING IODIZED SALT

Legend
% Households using iodized salt
00 - 10
11 - 20
21 - 30
> 31



Source: 2003 Multiple Indicator Cluster Survey, UNICEF Afghanistan/CSO

The western provinces have traditionally used more iodized salt than the rest of the country as they have access to Iranian iodized salt in their markets. By the end of 2004, salt iodization factories will be established in all the major salt producing and importing locations of the country: Taloqan, Mazar-i-Sharif, Herat, Kandahar, Ghazni, Khost and Jalalabad. The salt iodization plants will be spread out in many provinces to avoid high transportation costs, which could push up salt prices, creating resistance to its consumption. These iodized salt factories will have the capacity to meet the entire population's salt needs, promising an end to iodine deficiency disorders, which still pose a grave threat to the physical and mental development of millions of Afghans.

DIARRHOEAL DISEASES

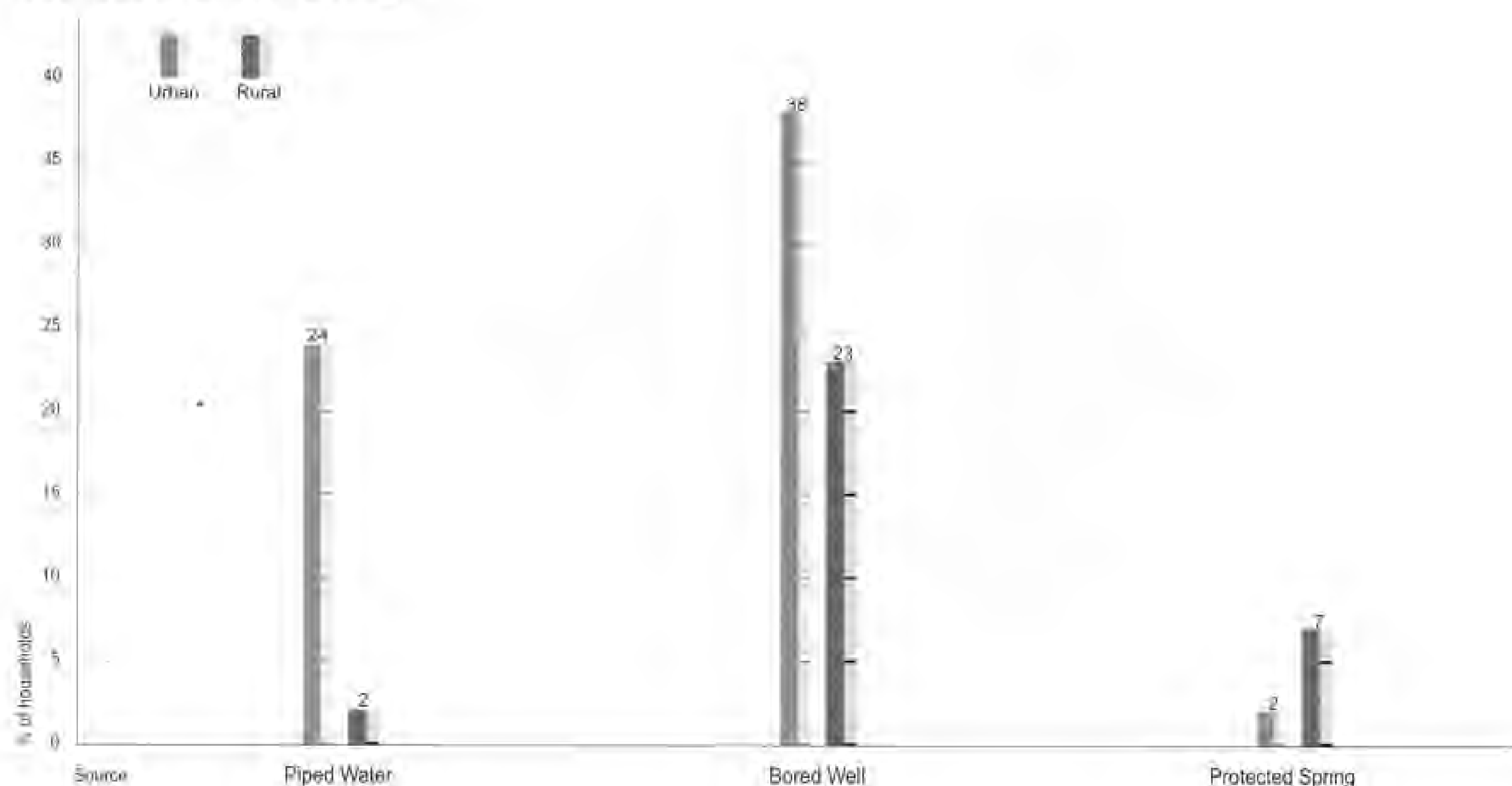
Diarrhoea is one of the most common ailments in Afghanistan and is the cause of half the deaths among children under the age of five. Poor sanitation and hygiene are the main underlying reasons. There are seasonal variations, with diarrhoeal diseases most prevalent during the summer months.

Access to safe water and hygienic latrines is very limited in Afghanistan, particularly in rural areas. Water points, wells and boreholes have always been scarce and many of them have been abandoned, neglected or destroyed during the prolonged conflicts. Large population movements have also put increased pressure on existing sources, operating them beyond their intended capacities without recourse to spares or maintenance. Uncoordinated ground water extraction schemes coupled with three consecutive years of drought have lowered the water table in many parts of the country, depleting aquifers to below their regenerative capacity. As a result, less than 40 per cent of the population has access to safe drinking water. 71 per cent of urban households use piped water or bore wells or protected springs, while in rural areas, only 31 per cent of the population uses safe water sources.

Flush or pit latrines are used by 87 per cent of urban and 59 per cent of rural households. Traditional technologies have been adapted for excreta disposal but further innovative techniques are required to promote affordable and more hygienic technology options.

However, the MICS data reveal that in 33 per cent of all households, the water source is within 15 metres of a latrine. This proximity of household latrines to water points implies that there might be contamination of drinking water through underground leaching of excreta, resulting in an increase of disease incidence. There is a need to improve household storage of water and introduce simple domestic purification methods to protect against disease. Another major factor contributing to fecal contamination is the low prevalence of hand washing with soap. Only 28 per cent use soap with the water and only 16 per cent of mothers of under five children wash their hands at all after defecation. All of these factors contribute to very high levels of water borne diseases, with significant implications for the health and development of children and the well being and productivity of whole communities.

SOURCES OF DRINKING WATER



ACCESS TO SANITATION BY % OF HOUSEHOLDS

LATRINE TYPE	URBAN	RURAL	TOTAL
Sewage	8.3%	0.5%	**2.8%**
Traditional Pit	73.1%	52.9%	**59.0%**
Open pit	6.6%	6.4%	**6.5%**
Bush/Field	13.0%	40.6%	**32.3%**
Others	0.5%	3.1%	**2.3%**

Source: 2003 Multiple Indicator Cluster Survey, UNICEF Afghanistan/CSO

The habit of hand washing is already well established in most communities, and offers an opportunity for introducing soap as an additional hygienic practice. Soap-making projects for women's groups are likely to be well accepted as they not only offer the chance of protection against disease but also open up avenues for generating income.

UNICEF's strategy for improving access to safe water and sanitation has focused on improving access to safe water and sanitation in schools and also in high risk areas where large numbers of returnees are concentrated. This also includes refugee and IDP camps. Support has also been provided to programmes aimed at the prevention and management of childhood illnesses such as diarrhoea.

Placing the school at the centre of water and hygiene activities and services is likely to benefit the community and is becoming a key strategy of water and sanitation programmes in Afghanistan. In 2003, UNICEF supported the establishment of a safe water point in 2,200 schools across the country, in addition to 1,000 community water points. In areas of high IDP and refugee return, this is being implemented in collaboration with UNHCR. It is expected that these measures will increase the enrolment of girls by reducing the time they spend on collecting water for the household, which often acts as an obstacle to their education. At the end of 2003, 800 schools had new blocks of six sanitary latrines. The provision of sanitation facilities will also offer girls the privacy and dignity they need, especially as they grow older.

Hygiene and health education will be provided at the school and within communities and will benefit 2 million people, making them aware of water-borne diseases and simple measures to prevent them. Special events, such as the National Diarrhoea Prevention Week that was held in May 2003, are being used successfully to reach households and schools with health and hygiene education.

Religious leaders have always held a respected position in Afghan community, both as repositories of religious knowledge and as counsellors in times of trouble. To use their unique position to introduce new water and sanitation related behaviour, UNICEF has supported hygiene and health education training to *imams* and *mullahs* as well as to teachers and community volunteers. Together with the provision of safe water and sanitation facilities in schools, this initiative can form the basis of lasting behavioural change for reducing the enormous burden of water-borne disease in Afghanistan.

% OF MOTHERS OF UNDER 5'S NOT WASHING HANDS AFTER DEFECATION


Source: 2003 Multiple Indicator Cluster Survey, UNICEF Afghanistan/CSO

Outbreaks of cholera and acute diarrhoea are common in Afghanistan every summer. During the summer of 2002, and again in 2003, there were outbreaks of cholera and acute diarrhoea in Kabul city. In 2002 the northern region reported high incidences of watery diarrhoea, while in 2003 there were outbreaks of cholera and diphtheria in the southern region. UNICEF, in partnership with WHO and the Ministry of Public Health, plans preventive measures and response to possible outbreaks ever year through chlorination of wells and provision of Oral Rehydration Salts as well as hygiene education.

Integrated Management of Childhood Illnesses (IMCI) is part of the national programme of Maternal and Child Health. The target of this programme is to reduce the under-five mortality rate by at least 10 per cent and this objective has been incorporated into the Afghanistan National Health Policy. UNICEF has contributed to the development of IMCI guidelines and plan of action, especially for community-based IMCI. Emergency response initiatives have been formulated to implement quick responses to outbreaks of pertussis and diarrhoeal diseases. Ten provincial hospitals have been supported by UNICEF with Oral Rehydration Therapy (ORT) supplies to prevent diarrhoeal deaths from dehydration.

A major activity convened and coordinated by UNICEF in collaboration with the Ministry of Irrigation and Water Resources was the international conference on water resources management and development in Kabul in May 2002. At the end of three days of keynote addresses, technical presentations and working group sessions covering all areas of water resources management, the participants – an average of 120 each day – agreed on a number of issues which were laid out in a final conference paper called the "Kabul Understanding", covering a wide range of recommendations for the reconstruction and management of the sector.

BIRTH REGISTRATION

ARTICLE 7 OF THE CONVENTION ON THE RIGHTS OF THE CHILD STATES:

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his parents.

2. State Parties shall ensure the implementation of these rights in accordance with their national law and obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

Afghanistan has a legal provision for registration of births, but after 23 years of war a fractured social and public administration system has led the system to fall into disuse. No formal birth registration mechanism existed beyond the certification provided by the person or institution who assisted in the delivery of the child. Previous data from the Multiple Indicator Cluster survey in 2000 show that only 2 percent of children under five years of age in the south-eastern region and 18 percent of children in the eastern region had birth certificates before the recent campaign conducted for under-one year olds during 2003.

The lack of a functioning system of birth and civil registration hinders the development of an up to date and reliable database for planning. This information, in association with the forthcoming rapid census, will assist in the following ways. It will:

- ensure that children enrol in school at the right age. This is a major problem with nearly half of the children who enrol in Grade 1;
- enforce laws relating to minimum age for employment. Current efforts to prevent child labour are critically handicapped. The opening of borders and rapid urbanisation, underlined by chronic poverty, places children at greater risk of exploitative labour;
- effectively counter the problem of girls forced into early marriage because they lack proof of age;
- ensure that children in conflict with the law are given special protection, and not treated legally and practically as adults;
- protect young people from military service or conscription;
- protect children from trafficking or illegal adoption.

During 2003, UNICEF supported the Ministry of Interior on an ambitious plan to register the births of all children under the age of one. Three key strategies were used - firstly, all children were reached at household level in order to ensure contact with the family (also, as a method to overcome cultural constraints where females are less likely to leave the house). Secondly, the system was computerized in order that the registration information collected could be of use in protecting child rights and supporting programme planning to reach under-ones with other sectoral interventions of the Government and humanitarian actors. Thirdly, the system had to use existing structures so that cost-effectiveness could be achieved.

A campaign style approach, using the only existing network of household contact, namely the National Immunization Day (NID) vaccination volunteers, was used. The registration was conducted during a three-day polio immunization campaign, utilizing 10,000 teams of two to three people each. Every household was reached and the detailed micro-plans of EPI were utilized for planning. Each team had a literate member since EPI requires the recording of each household. Where literacy was considered a problem, a new team member was added. The joint campaign ensured optimization of an existing and functioning household outreach system, as well as significantly reducing the costs of birth registration.

The final part of the campaign was conducted early September 2003, and coverage is estimated at over 99 per cent. Monitoring of the field implementation days confirms the high coverage. Team members were trained and supervised by about 1,000 supervisors. Independent monitors were assigned to conduct on the job monitoring. PDAs were used to assist campaign monitoring and a system was developed to allow the PDAs to also complete the birth registration form at household level. This system can provide clear lessons for other countries using more costly mobile unit techniques, but that wish to achieve household rather than merely community level contact. Mechanisms were established to revisit the missed houses and missed families (those families who were not present at the time of the house visit). In order to build upon this success, UNICEF will support a wider campaign to cover all under-fives in 2004.

SOWING THE SEEDS OF PROTECTION

SURKH ROD, south-east Afghanistan, 28 July 2003

The small, one-storey whitewashed clinic is a hive of activity today. It is women's day at the medical centre, and also the second day of a round of sub-national Immunization Days against polio. And it's also birth registration day, as if there wasn't enough for the two female health workers to deal with. For the 38,000 population of Surkh Rod, this clinic is a focus of their health care – and people flood here, day after day. Serving a 12 square kilometre radius, the clinic has become a lifeline for most communities in the area.

Dr. Shahalla is the Mother and Child Health Coordinator for the centre, and is proud of the achievements she has overseen in recent years. Even during the Taliban era, the centre provided vital medical services for the women of the region, along with its outreach service. She points to the large poster on the wall that is designed to indicate communities that are not being reached by the centre's mobile health teams – not one village name appears here. Everyone has access to some form of health support in Surkh Rod, she claims.

In a rural area such as Surkh Rod, however, the clinic can only meet some of the needs of the population. More outlying communities are still reluctant to allow women to travel unchaperoned to the centre. Mobile teams are therefore an integral part of health services in this area. Today, as part of the polio immunization campaign, scores of teams are walking, cycling and driving around the district, checking every house to ensure all children under five are immunized – Afghanistan is nail-bitingly close to becoming declared polio-free. The last two years have seen a notable decline in reported cases to just a handful; so far this year, not a single indigenous case has come to light.

But this year, in addition to the administering of polio vaccine, the mobile teams have another important role – registering every child under the age of one. The Ministry of Interior and the Ministry of Health have joined forces with the support of UNICEF to establish a programme of registration, linked to the polio campaign, that aims to reach a potential one million children by the end of 2003. In a cultural environment that still places limitation on movement of women, gaining access to individual households to register children is essential. The polio teams, with years of experience and holding an almost unparalleled level of respect, trust and status in local communities, were a natural choice when it came to implementing the birth registration drive.



At Surkh Rod's main clinic a female health worker takes the details of six month old Qandagha from the boy's mother, as part of the region's birth registration campaign



Fazal Rahman registers another child in the doorway of the family home in Saydan Arabi

In the village of Saydan Arabi, population 1,000, Fazal Rahman and Sayed Omar are painstakingly making their way from house to house, armed with cold-box of vaccines and a bundle of birth registration forms. They are inhabitants of the village, known by everyone. It takes just one call from Fazel, standing at the gate of a house, for mother, father and children to appear. The welcomes are warm and friendly; little need to explain the visit – most people here seem to be fully aware of what is happening today. In this agricultural area, where the cornfields are flourishing this year, where tomato plantations throw a splash of red amidst the greenery, these two vaccinators are helping to sow the seeds of another vital product; good health and a secure childhood for the village's youngest generations. They themselves have been working around Saydan Arabi for five years, taking days out of their normal routine as farm labourers to support the immunization programme. Building on the birth registration element was relatively straightforward.

"We had a few days of training," explains Rahman. "We were shown how to complete the form, which is not difficult, and the importance of identifying every child under one year old. The only problem we come across is finding the name of the mother, if the father is the person talking with us. Often they are reluctant to share the names of their wives."

But in the true spirit of Afghan innovation, Omar has come up with a way around this issue. "I talk to the father about how we all know the name of the Prophet's wife. And I can explain how, in Islam, we know that in the next life we will be called by our mother's name, not our father's. When people hear this, they begin to understand that there is nothing wrong with disclosing the name of their wife to me."

In addition to completing the basic information on the green registration cards – child's name and age, name of mother and father, place of birth – the team explain to families why registration is so important.

"Birth registration means better planning," says Rahman. "If we know how many children there are, we can ensure that we provide the right number of school places in the future, we can develop better health services for children. And for the families, we underline the fact that once a child is registered, their identity, their age and their nationality is guaranteed for life."

It is a mammoth task in a country whose terrain makes communication and travel difficult. But when completed, this first round of birth registration will greatly enhance local capacity to manage and plan services for children. UNICEF is supporting the training and establishment of data entry staff at the regional level – statistics gathered will then be made available to provincial and district level officials who need accurate information on numbers of children in their areas. In addition, the programme is the first tangible step towards ensuring that all Afghan children have their right to an identity protected, reducing risks of being exploited as child labourers or becoming victims of illegal adoptions, early marriage or child trafficking.

That is a point which is not lost on Mohammad Zalmay. He has just watched his son, seven month old Jafar, receive his polio drops and his birth registration card. He has eight children in total – Jafar is the youngest, and the only one to have ever been registered. He is clear about the importance of the event.

"Today is all about the future of my son," he says, holding Jafar and his registration card firmly in his arms. "This will help him have a better childhood. Wherever he may go in life, he can prove who he is. No-one can take that away from him."

For Zalmay, there is no concern about the gathering of data – a natural worry in a country which has seen so many changes of regime in the past three decades that the collection of personal data by the authorities could have been viewed with misgivings by many. To him, the birth registration campaign is part of the rebuilding process, and gives him confidence as well.



Fazal Rahman is followed by colleague Sayed Omar and young son Ibrahim (on holiday from school) through one of Surkh Rod's cornfields



Mohammad Zalmay holds seven month old son Jafar, and his new birth registration card. "Today is about the future of my son," believes Zalmay.

"When I travel with my family, I can always prove who my son is. I can register him for school at the right time. This card is a form of protection for him, for me and for my whole family."

Gathering up his cards, Fazal Rahman prepares to head towards the next cluster of houses, several hundred metres away on the other side of a corn field. He prefers this work to his normal labour on the farm, even going so far as describing it as a "picnic". On the more serious side, he knows that his joint role as vaccinator and birth registrar is playing a part in the future of his country. "I am providing a service, I know" he smiles. "It is good to have a duty like this which benefits so many."

And the additional task of registering maybe 60 children in this village alone? "It is good," he repeats. "It is sign of our country's development."

With that, the two men are off again, striding through the corn, seemingly oblivious to the 50 degree heat and the blazing sunshine that forces the teams to start work early in the morning and wind up by mid afternoon. There are children to vaccinate, and children to register. Two men, two tasks, one goal – a brighter future for their country's children.



OTO: UNICEF/AFGA00246S/LEMOYNE

5.

THE LEARNING YEARS

If education is the foundation of individual and national development, then Afghanistan suffered the greatest blow to its future when its education system collapsed during the years of protracted conflict. Even before the war, educational opportunities for children were limited and they were concentrated mainly in the towns with very few schools in rural areas. Many conservative groups were suspicious of formal schools, equating them with the promotion of western or, under the Russian occupation, communist values and ideology. Few families chose to send their children to government-supported schools but most continued to ensure their children's traditional Islamic education in mosque schools (madrassas).

ARTICLE 28 OF THE CONVENTION ON THE RIGHTS OF THE CHILD STATES:

1. State Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

   a) Make primary education compulsory and available free to all;

   b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as introduction of free education and offering financial assistance in case of need;

   c) Make higher education accessible to all on the basis of capacity by every appropriate means;

   d) Make educational and vocational information and guidance available and accessible to all children;

   e) take measures to encourage regular attendance at schools and the reduction of drop-out rates.

2. State Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's dignity and in conformity with the present convention.

3. State Parties shall promote and encourage international cooperation in matters relating to education, in particular with a view to contributing to the elimination of ignorance and illiteracy throughout the world and facilitating access to scientific and technical knowledge and modern teaching methods. In this regard, particular account shall be taken of the needs of developing countries.



EARLY CHILDHOOD DEVELOPMENT

Afghan children have traditionally spent their early childhood years surrounded by the extended family and community. The socialization of the child was shared by close kin, especially older relatives like grandparents or uncles and aunts and even neighbours. Parents, usually busy with earning a livelihood or tending to domestic responsibilities, had little spare time to spend with their children even before the wars. But close family and community ties ensured that children grew up playing simple childhood games supervised by elders and hearing from them stories and songs that transferred the appropriate cultural values and morals to them.

The displacement and impoverishment caused by war and drought have broken down extended family networks and community support systems. Parents, stretched physically and psychologically with the effort of ensuring their families' survival, have few reserves of emotion or time to devote to their children's intellectual stimulation and socialization. More and more children in Afghanistan are growing up without the close family bonding or the simple childhood activities so necessary for normal development. The long years of struggle have left families with little time for the jokes, picnics or family outings on special occasions like Eid. As a result, children are deprived of the intellectual and emotional stimulation so critical in the early years of childhood.

The importance of the early childhood years for the overall development of children is being recognized and given greater emphasis in UNICEF's support to programmes that focus on special interventions at this critical time of a child's life. Early childhood education centres have existed in some urban areas of Afghanistan for several years. These *kodakistans*, or kindergartens, were based on a Soviet model that is not child-centred and is considered outdated today. Since the 1990s the system has deteriorated significantly.

"When a parent has been working all day and he comes home and the child is asking a lot of questions, the parent just shouts at the child and says, 'Why are you disturbing me with your questions?'"

Children's group discussion

"I find Eid so hard because I can't buy clothes for my children and I get disappointed with myself and think 'What kind of mother am I?'"

Mothers' group discussion

FROM "THE CHILDREN OF KABUL, SAVE THE CHILDREN US / UNICEF 2003"

UNICEF is supporting new initiatives by Save the Children US and Save the Children UK to establish community-based kindergarten environments, in both urban and rural settings, which will promote play and active learning for pre-school children. The core principles on which the Early Childhood Development (ECD) projects are based include the basic premise that childhood is an important stage of life, not just a preparation for it. Stimulation in the early years is important to intellectual development and preparation for learning in a formal school environment. To provide babies and infants with intellectual and sensory stimulation, low cost play and learning materials have been developed as an important element in this approach.

There is a wealth of positive child-rearing practices in Afghanistan that can be built upon for early childhood development programmes. Children are valued, and parents and other adults participate in children's informal learning through simple childhood activities and games. However, some traditional child-rearing practices are aimed more at encouraging compliance and good behaviour rather than innovation and problem-solving. *Tarbia*, a behaviour code that underlies and shapes much of the social and family interaction of a child, can sometimes discourage creative and stimulating activities such as games that involve getting dirty, or asking questions of adults that may be considered impolite.

Raising the awareness of parents and communities about the importance of early childhood stimulation is an important element of the ECD projects. In addition to strengthening the participation of the family in the child's early development, this encourages parents to enrol their children in school at the right age. Disadvantaged children benefit from learning opportunities both in informal educational environments and also when they enrol in formal schools. Children who have had stimulating opportunities to play and interact with other children and adults are more likely to stay in school and do well.

CHILDREN IN SCHOOL

Afghanistan adopted a policy of free and compulsory education in 1964, but its implementation was interrupted by years of conflict. An assessment conducted in 2000 shows that in 1990 the gross primary enrolment ratio was 35 per cent of boys and 19 per cent of girls. By 1995 the ratios rose substantially to 63 per cent of boys and 32 per cent of girls, but under the Taliban they declined by 1999 to between 40 and 60 per cent of boys and between only 3 and 6 per cent of girls. At this time, male literacy stood at 47 per cent and female literacy at 15 per cent.

When the Taliban banned girls from attending school, the Afghan hunger for learning found expression in the steady growth of clandestine home-based schools. Female teachers who were forbidden to work continued to teach small groups of students, mostly girls, in the safety and secrecy of their own homes. For the first time, Afghan families started paying for the education of their children. The fees were minimal but they allowed the house-bound teachers to earn a small income from teaching. This saved them from the extreme penury and begging that many other previously employed women were forced into. Communities supported these schools in other ways too. There are instances of local elders who posted lookouts to warn of the arrival of the Taliban. This gave teachers and students in home schools enough time to disperse or to hide any evidence of their studies. Small children who played on the street became accomplices of the secret schools, running to warn of the arrival of the Taliban so that teachers and students could put away their books and pretend to be involved in other acceptable activities such as needlework or religious studies.

That hunger for learning is still powerful today. The overwhelming success of the Back to School (BTS) programme in Afghanistan is a testimony to the unvanquished spirit of a nation impatient to build a new life from the rubble of the past.

"When the trucks came through the valley with the books and pencils, everyone was talking about going back to school and the new things they would be given. "

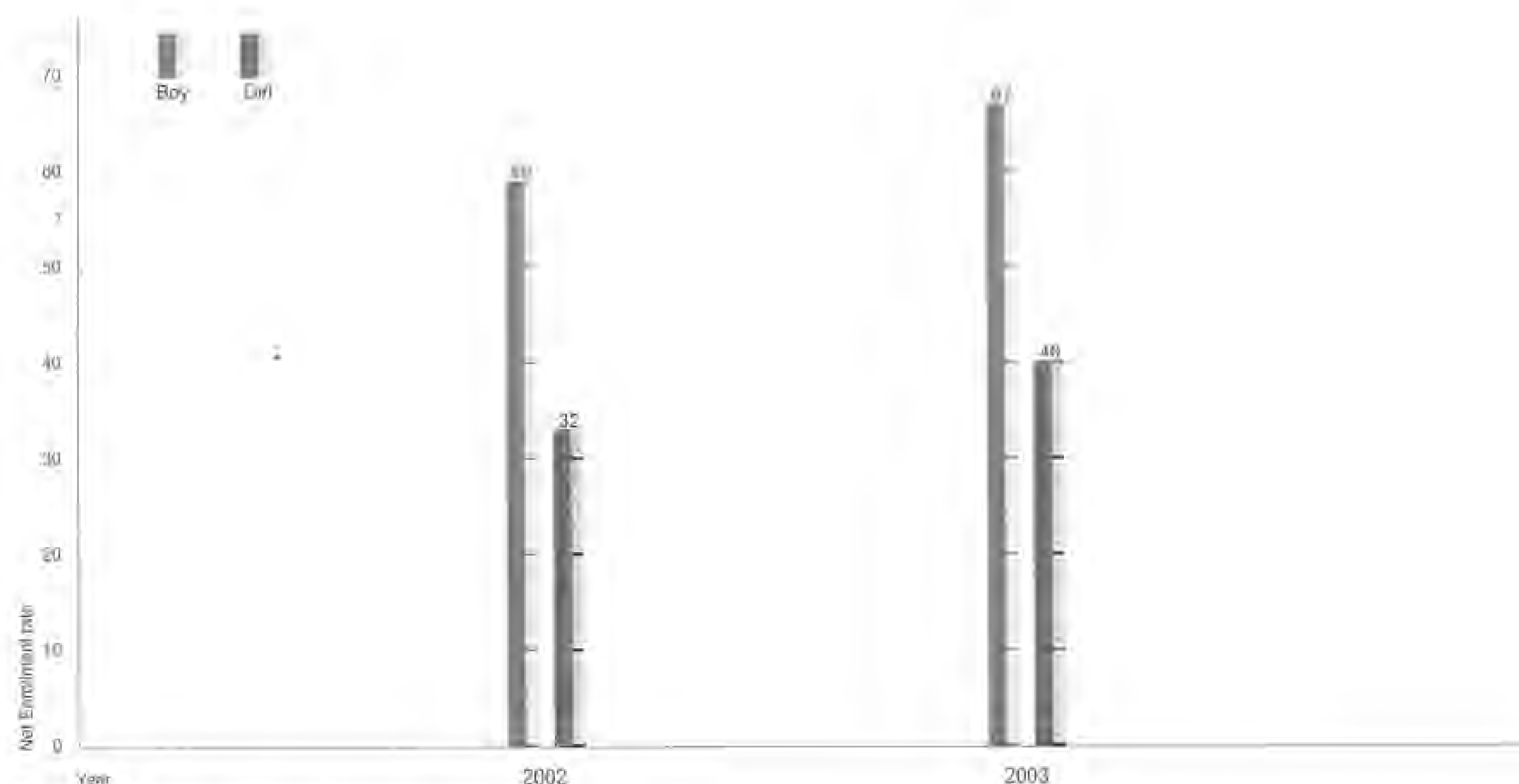
ABUL, student in Nahrin (Northern Afghanistan)

The first Back to School campaign was launched at the end of 2001 to make it possible for an estimated 1.5 million primary school age children to resume their education in March 2002. After long years of disruption and neglect, the education system had fallen into a state of utter decay. Thousands of teachers left to find work abroad or fled as refugees to neighbouring countries. About 60 per cent of the schools were either damaged or completely destroyed. To accommodate the children expected to resume their education in March 2002, temporary classrooms were created under tents, school supplies were ordered and available teachers mobilized to make sure that the new academic year could begin on time with enough teaching and learning materials.

On the first day of school in March 2002, more than 3 million children - twice the number expected, and one third of them girls - surged into schools across the country. 2.98 million children were provided with school supplies that included more than 7 million textbooks (printed and paid for by USAID) and 8 million notebooks. The Back to School campaign was one of the largest logistical efforts undertaken by UNICEF anywhere. The supplies, brought in from Pakistan, Turkey, Iran and Copenhagen, included 60,000 students kits and 33,000 teachers kits including Schools-in-a-box, and 18,000 blackboards. 60,000 teachers were supplied with teaching materials and 30,000 were provided with orientation in their use. 1,050 schools were provided with safe water and 345 with sanitation facilities.

The Back to School campaign proved to be a great logistical triumph and was very successful in increasing overall enrolment rates; tenfold for girls and by two thirds for boys. The real challenge, however, will be to sustain enrolment rates, and improve the learning environment by training teachers and developing more relevant teaching and learning materials. To date in 2003, initial indications are that enrolment stands at over 4 million pupils, and girls' enrolment has increased by 30 per cent. Teacher numbers have begun to increase as well; latest reports are that staffing numbers, while still short of the requirement, are in the region of over 100,000.

NET ENROLMENT RATE 2002-2003



Source: 2003 Multiple Indicator Cluster Survey, UNICEF

The Back to School experience has done more than bring education to the children of Afghanistan. By rapidly restoring academic routines, it has introduced normalcy into young lives that have been disrupted by unending war. The return to school has given children not just the joy of play and learning, but also the comfort of regular socialization, which contributes to their recovery from war-related stress and trauma. The Back to School campaign has created a new paradigm for post-conflict rehabilitation and reconstruction. In its mobilization of communities across the country, it has become a rallying point for the aspirations of millions of Afghan families and has had the effect of a unifying force after decades of conflict and hostility. It has provided tangible evidence to virtually every community that things have changed for the better. And to the world it has shown that Afghanistan has the capability to take on the challenge of rebuilding its destroyed institutions.

The hunger to learn co-exists with significant barriers to learning. Access to education continues to be an impediment for many families and there are many obstacles that prevent children from enrolling in school. The most recent MICS data reveal that while some reasons are economic and cultural, the inadequate education infrastructure is also cited by families as a factor that discourages children, especially girls, from going to school.

"I am happy to contribute to the future of these children. Remember, I spent the last five years doing nothing. Now, I just want to teach and teach."

SUHALA FROGH, female teacher in Kabul

BARRIERS TO SENDING CHILDREN TO SCHOOL	% HOUSEHOLDS
Too far	31
Inadequate facility	23
Domestic Work	21
Separate School	20
Household income	14

Source: 2003 Multiple Indicator Cluster Survey, UNICEF Afghanistan/CSO

An urgent priority of the Afghan government is to increase the enrolment of girls in schools. UNICEF with the Ministry of Education aimed to increase girls' enrollment by an additional half a million girls in 2003, focusing on those provinces that have the highest overall school-age population and the lowest percentage of girls enrolled in school. Approximately 400,000 increase in number of girls occurred, but increased efforts in supported via new social mobilsation strategy and expanding community based schools has led to in 2004 target increase of 600,000.

PROPORTION OF MALE: FEMALE TEACHERS



Source: Rapid Assessment of Learning Spaces, Afghan Ministry ofEducation/UNICEF. 2002

Parents hesitate to send their daughters, especially adolescent girls, to classes with male teachers. Special attention is now being given to increasing the number of qualified female teachers in schools. More learning spaces for girls are being made available, close to their homes, in tents and rehabilitated schools.

Establishing water points for students and nearby communities in the school can be an important motivator for enrolling girls. A water point in the school will bring women and children there to collect water everyday. Their own experience of easy access to a secure environment will boost their confidence in the safety of the school for their daughters. Additionally, increasing the stake that families and communities have in a school is likely to be a deterrent to those who are against girls' education or those who view schools as soft targets for acts of vandalism.

Community-based accelerated learning options are being introduced for 200,000 out-of-school girls to enable them to enter the formal school system. A nation-wide media and social mobilization campaign is underway to encourage community leaders and parents to send their girls to school.

ON THE FAST TRACK TO EDUCATION

For millions of Afghan children, going to school remains an unfulfilled dream. The Taliban decree banning girls from school was merely one of many factors that has kept so many children away from school. Sometimes the school is too far, or there are not enough teachers. Girls are kept at home if there are only male teachers to teach them in school. Sometimes parents think education is unnecessary. As a result there are huge numbers of children, especially older girls, who have never attended school.

Even when more schools and teachers become available, these overage children hesitate to enroll because they are embarrassed to be among much younger children. A partnership between the Ministry of Education, UNICEF and BRAC (the Bangladesh Rural Advancement Committee) is now running an Accelerated Education Programme to prepare them for the appropriate classes in the formal school system.

The long winter vacation is used to impart intensive training to teachers who then hold special classes for children who have never enrolled in school before. In the winter of 2002-2003, the Accelerated Education Programme covered 126 schools in 13 districts of Kabul city, running 457 classes for 15,024 students. 10,718 of them were girls. To teach these children, 632 primary teachers were selected to receive intensive mathematics and refresher training, while 44 teachers were trained as master trainers and supervisors.

A primary objective of these classes is to help overage children enroll succeed in the formal system. At the end of three months, 13,895 of the 15,024 students passed the school entrance exams and were enrolled in Grades 2 and 3 of the formal education system.

Quality of education is a key issue. While there have been encouraging increases in student and teacher numbers, the quality of learning still needs crucial inputs. UNICEF has supported important initiatives to improve the teacher training policy and curriculum to make them more effective and relevant to the needs of students. Teachers College, Columbia University with support from UNICEF, is assisting the Ministry of Education in establishing a national education policy and planning research centre called the Academic Council on Education. This Council will be the centre of excellence in education, providing leadership in curriculum reform, teacher preparation, policy and planning, and girls' education. In collaboration with UNESCO-IBE, Teachers' College of Columbia University and other international consultants, UNICEF has already initiated a comprehensive reform of the curriculum at the primary level. The first textbooks for Grades 1 and 4 will be introduced by the end of the year.

UNICEF is supporting the rehabilitation of six Teacher Training Colleges with IT equipment, stationery, supplies, furniture and dormitories, libraries and science laboratories. The training colleges will be vital for improving teaching methodology. In addition the teacher training of 50,000 primary school teachers will also focus on mine risk education.

A major initiative under the BTS campaign has been the strengthening of the Ministry of Education's capacity to take responsibility for distributing school supplies and text books to millions of children all over Afghanistan. UNICEF's technical support to the establishment of a Logistics Centre in Kabul, which is a rehabilitated old warehouse where school furniture was once

"EDUCATE OUR CHILDREN ..AND WE WILL NEVER SEE WAR AGAIN IN OUR LAND."

CHARIKAR, Parwan Province, Afghanistan, 24 February 2003



A worker makes final touches to the window frames at Hora Jalali School, Charikar.

The market town of Charikar lies some 35 kilometres to the north of the Afghan capital Kabul, the last main town on the Shomali plain before the main road heads through the mountains towards the Panjsheer valley. It is a bustling community, the roads filled with residents of surrounding villagers coming to buy and sell their produce, scores of guadi, little horse and cart combinations, ferrying families in and out of the town. The liveliness of Charikar is in stark contrast to the bleakness of much of Shomali Plain, a once-fertile plateau now scarred with the memory of years of conflict between the Taliban and the Northern Alliance fighters. Each side of the road is littered with landmines and unexploded ordnance, once bountiful orchards now laid waste by the scorched-earth policy of the Taliban regime, which took its revenge against unsupportive villages and forced thousands to flee their homes.

A short drive from the centre of Charikar, there are more signs of activity. At Hora Jalali Girls' School, the sound of hammering and sawing fills the air. The biggest girls' school in the area had just 350 students last March; that number has been steadily increasing over the past year, despite the school having fallen into disrepair during years of conflict in this part of the country – including having a bomb drop through two classrooms during an air-raid. Today, work is nearing completion on a US$50,000 rehabilitation programme that has seen the French NGO Amitie Franco-Afghane, UNICEF and the World Food Programme join forces with the Ministry of Education and local people to renovate this 16 classroom site.

Site supervisor Nasir Ahmad is pleased with the progress. Over the last six months more than 1,000 skilled and unskilled workers have laboured on the school; repairing the roof, rebuilding destroyed classrooms, replacing windows and doors, improving water and sanitation facilities, levelling and demining the surrounding land. "This is just the beginning," declares Ahmad. "This work has gone so well, the authorities are so pleased with us, we may be asked to start work on sixty more schools in this region."

The needs are clear. Over 1.7 million people returned to Afghanistan in 2002, many to the Shomali Plain area. More than twice the number of expected children came back to Afghanistan's schools, and there has been a rapid increase in enrolment at Hora Jalali over the last

made, has provided valuable experience to the Ministry of Education in managing the logistics of a scaled-up education sector. In addition to strengthening the capacity of the Ministry of Education's central warehouse, UNICEF has supported the rehabilitation of more than 150 drop zones, or provincial storage facilities. This rehabilitation activity has included intensive training of more than 600 provincial and district education staff, in every province of the country, on supply planning, accountability, funds management and reporting.

Just as serious as the lack of quality primary education in Afghanistan is the severe shortage of facilities for higher education. Over the two decades of conflict and displacement, there has been a serious depletion of intellectuals and teachers in high schools and universities. What was left of the secondary school and university infrastructure was further damaged under the Taliban, who destroyed everything they considered un-Islamic. Without textbooks and often without salaries, those teachers who stayed on have been struggling in isolation from the academic world in their own and other countries, unable to upgrade their knowledge or skills.

Another key priority for the country is to establish vocational training programmes. More attention needs to be paid to how education and training need to be geared to improving livelihood opportunities. Strategies are required to ensure that graduates from the education system can fulfill the vision for private sector led development in Afghanistan. Without enough livelihood opportunities, young people in Afghanistan will continue to find that their choices are severely limited in trying to equip themselves for a productive life in their own country.

twelve months. The work being undertaken here will increase capacity by up to 50% local teachers believe, and will allow them to hold lessons for Grade 1-6 pupils (primary level) who were unable to attend last year due to shortage of classroom space. In addition, the school is constructing a teacher training centre on their site which will benefit teachers from a number of surrounding schools.

The project has also brought much needed employment to the area, the World Food Programme has supported labourers through its Food for Work initiative, and having made such an impression on the local authorities the carpenters, masons, plumbers and engineers who have toiled daily to get Hora Jalali ready to reopen its doors in March are confident this will be the first of many contracts.



Carpenter Din Mohammad builds another set of wooden window frames for Hora Jalali School, Charikar.

Lack of physical space is a major concern amongst educationalists in Afghanistan; last year UNICEF supplied 8,000 school tents to provide temporary additional classroom space. In 2003, the organization aims to rehabilitate 200 primary schools in a partnership with the UN Office of Project Services (UNOPS) as well as ensure that all 4,000 primary schools in the country have a safe water point, and that sanitation facilities are installed in at least 1,500 primary schools. Improving the physical condition of schools is an essential element in ensuring that children – especially girls – do not drop out of education. In 2002, one-third of children in Afghanistan's schools were girls.

The thirst for education has touched every one in Afghanistan. 44 year old Din Mohammad is a carpenter, building window frames for Hora Jalali School. He has nine children; four of his six daughters are attending school. He knows that his contribution to the rehabilitation of this school is part of a much bigger rebuilding process.

"There are two benefits to me of working here. Of course I am earning an income, so I can support my family. But to me, what is even more important is that I am doing something to rebuild education for my country."

If he needed any reminder of the important role he is playing, he only has to watch his daughters as they return home from school each day. "I see the difference in them. Every day they are learning new things; everyday I see that knowledge shining in their eyes."

Site supervisor Nasir Ahmad agrees that everyone working in the bright February sunshine at Hora Jalali is part of a bigger exercise. He was once a pilot – now he is proud to be working on school reconstruction projects.

"Education is the basis for our development," he explains. "What we are doing here is for our children, to give them a better future." Given the recent history of Afghanistan, his next words are especially meaningful.

"Educate our children – and we will never see war again in our land."



PHOTO: UNICEF/AFGA00099S/NOORANI

6.

THE ADOLESCENT YEARS

With so many competing and desperate needs, it is hardly surprising that little attention has been paid to the special protection needs of particularly vulnerable groups such as child soldiers, displaced and returnee youth, street and working children, children with disabilities, juveniles in conflict with the law, and abused or exploited children. There is insufficient governmental or non-governmental capacity for working on difficult issues such as child abuse and exploitation. Raising awareness of their protection needs has been difficult with the many unfulfilled needs and competing priorities on the reconstruction agenda.

CHILDREN AFFECTED BY WAR

ARTICLE 38 OF THE CONVENTION ON THE RIGHTS OF THE CHILD STATES:

1. State Parties undertake to respect and to ensure respect for rules of international humanitarian law applicable to them in armed conflicts which are relevant to children.
2. State parties shall take all feasible measures to ensure that persons who have not attained the age of fifteen years do not take a direct part in hostilities.
3. State parties shall refrain from recruiting any person who has not attained the age of fifteen years into their armed forces. In recruiting among these persons who attained the age of fifteen years but have not yet attained the age of eighteen years, State Parties shall endeavor to give priority to those who are oldest.
4. In accordance with their obligations under international humanitarian law to protect their civilian population in armed conflicts, State Parties shall take all feasible measures to ensure protection and care of children who are affected by armed conflict.

No child or family in Afghanistan has escaped the social, economic and emotional turmoil brought about by decades of widespread conflict and displacement. 57 per cent of the population of Afghanistan is under the age of 18. This means that there are more Afghans alive today whose lives have been shaped by war than those who have known stability and peace. More than one half of the country's citizens consist of young people who have few of the joys of youth. They have lost loved ones, homes, playmates, schools. They are the generation that has lost its childhood.

War is a terrible trauma for children. Children who have been directly affected by the horror of war have seen family members die or become disabled. Some have been drawn into the conflict as soldiers or helpers in armed militias. The familiar and comforting places of their childhood are lost when they are driven out by war or drought. Moving away from the source of the problem to a place of better opportunities is a coping strategy used by many families, but displacement causes great suffering to children for they lose a beloved home and close relationships. Then there are the other, less direct effects, some of which are even more insidious and significant than the direct losses. The relentless slide of whole communities into impoverishment and the collapse of traditional coping mechanisms have deprived millions of children of education or employment opportunities and have trapped them in situations of hunger, exploitation and dangerous work.

They are frightened of the dangers they and their families live through. And they are saddened by the suffering they see around them both within and outside their families.

"It must be hard to be a boy because when our brothers come home they say 'We've seen the situation outside' and they see beggars and disabled people, which we don't see."

Girl, aged 15, in Kabul

"Girls have more pain than boys because girls are timid and have more stress than boys, but boys are careless and don't care so much and they go outside and forget and they don't care like girls."

Mothers' group in Kabul

After a quarter of a century of war, drought, destruction, displacement and poverty, community and extended family networks – the traditional support mechanisms of Afghan society – have been severely eroded. Destitute and desperate parents have been forced to send children to the streets to work or beg, or to toil in workshops where the labour is dangerous and exhausting. All too often girls are given away in marriage at much younger ages in the hope that the bride-price they bring will relieve the family's indebtedness.

In societies undergoing severe post-conflict transition, poverty is often a serious threat to the family's unity. There is growing evidence that institutional care of children is the only option available to families who are unable to care for all of their children. Residential institutionalised care is therefore being used as a coping mechanism to replace the kinship and social networks that were traditionally resorted to in Afghanistan, to combat poverty, unemployment and homelessness. Many children end up being placed in institutions in the hope that they will be provided for. This is especially true for those children who have lost their fathers.

The recently completed National Assessment of Children Deprived of Parental Care undertaken jointly by UNICEF and the Ministry of Labour and Social Affairs (MLSA) has helped to establish the profile of children in institutions and will be used to develop a plan of action. The assessment highlights the factors that make children end up in institutions. Most of these children and their families are victims of a range of poverty-linked factors. Some families are simply unable to provide food, shelter and clothing to children dependent upon them. The most severe effects are felt by children who are known as orphans. In Afghanistan children without a father are called orphans even if their mother is still alive. In an intensely patriarchal society, not having a father changes not just the identity but the entire life pattern of some children. Women who remarry sometimes have to send their children away because the new husband refuses to accept them. Other family members often take an orphan into their homes out of a sense of duty, but either because of indifference or a lack of resources, the child ends up with less than satisfactory care. As a result more and more children end up being sent to orphanages or other institutions and it is often the mother who takes the difficult decision of sending the child away.

"If there is food or work or if there are factories for widows in our country we would not let our children go to the [orphan] centre."

Widowed mother from Maimana

The reasons given most often for seeking institutional care for a child are the need for food and education. The large percentage of children from female-headed households confirms the desperate state of women in Afghanistan, whose prospects of supporting a family without the presence of a man are practically non-existent. However, the children interviewed say that the meagre quantity and poor quality of the food given to them forces them to leave the centre frequently to look for food on the streets. Moreover, the limited qualifications and competence of the staff raise doubts about the quality of care provided to the children in the centres.

A key finding of the national assessment is that institutional care of children is being increasingly promoted in Afghanistan but the institutions are not protecting the most vulnerable Afghan children. The damaging effects on children of institutional staff on shift duties have been well documented internationally. But this is not generally recognized in Afghanistan. The support provided to these institutions both by government bodies and philanthropic expatriate Afghans has created a pull factor that is encouraging more and more desperate families to opt for institutional care for their children.

The assessment concludes that instead of the assistance community perpetuating and promoting the care of children in institutions, there should be a greater focus on supporting families to strengthen their ability to look after children within the home.

As a result of UNICEF's advocacy, the Ministry of Labour and Social Affairs has adopted a "non-institutionalisation" policy and has agreed to support alternative family-based care for children deprived of parental care.

CHILDREN IN INSTITUTIONS TALK ABOUT WHAT MAKES THEM HAPPY	...AND UNHAPPY
More and better food	Having no home
Vocational training	Poverty
Transportation	Hunger
Seeing their mothers happy	War
Praise and encouragement from their teachers	Memories of the war
Enough money	Death of their parents
Parents alive	Being far from home
Play	No clothes. Old or dirty clothes
Music and television	Adoption of siblings
Living at home	Failure at school
Hope for the future	Being left by families at the orphanage
Parental support	Worries about their future
Weddings	Guards at the orphanage
Helping one another	Atmosphere of the orphanage
Story books and toys	Being taunted for being orphans
Opportunities to learn	
Drawing	
Clean clothes	
Quran	

CONTENTS

THE VOICES OF THE FUTURE

A project called "We are the Future" involved consultations with children and young people in Mazar-i-Sharif, Kabul, Herat, Jalalabad, Kandahar and refugee camps in Peshawar (Pakistan), focusing on 660 boys and girls between the ages of 6 to 18 years. The project aimed to listen to the children, ensuring that their views are heard and recorded through a participatory consultative rights-based process. Some follow-up activities have been supported after the first phase of consultations. These include the establishment of a Children's Resource Centre and Library in Mazar-i-Sharif which will also be used for children's meetings, drama, cultural and recreational activities, and training on radio/TV discussions on children's issues. UNICEF has also provided teaching and learning materials to the Children's Club in the Zhare Dasht IDP Camp in the southern region for children to be provided with literacy and numeracy classes during the summer holidays.

CHILD SOLDIERS

During the past two decades, all parties to the armed conflicts in Afghanistan have used children under the age of 18 as child soldiers. There are many reasons why children join the army. Some are forcibly recruited; others join because they have no viable economic alternative; a few because they feel they have a duty to protect their communities. Some take to the gun because it gives them a sense of power. With the disappearance or migration of intellectuals and other civic leaders, military commanders have become the chief role models for young boys. Occasionally young children accompany other family members who are soldiers.

The boundaries between these different forms of recruitment are sometimes blurred. There are many instances where enrolment that is declared to be "voluntary" actually takes place under duress, without parental consent and in ignorance of the consequences. The children themselves see enrolment as leading to employment. Indeed, they are frequently promised payment when they are recruited but these promises are rarely kept and the large majority of child soldiers receive no remuneration.

Depending on their own vulnerability and that of their families and communities, child soldiers have experienced varying degrees of violations of their rights, ranging from lack of access to education, to exposure to violence and fighting on the battle-front.

WHO IS A CHILD SOLDIER?

The internationally recognized definition of a child soldier is: ***"Any person under 18 years of age who is part of any kind of regular or irregular armed force or armed group in any capacity, including, but not limited to: cooks; porters; messengers; and anyone accompanying such groups other than purely family members. The definition includes girls and boys recruited for sexual purposes and for forced marriage. It does not, therefore, only refer to a child who is carrying or has carried arms."***

This definition thus includes all minors associated in any form with any fighting forces. A rapid field assessment conducted by UNICEF throughout Afghanistan in 2003 indicates that there are about 8,000 child soldiers, some of whom are currently with the fighting forces and others who have been sent back home but continue to be under a military command structure. Those who have been sent home have returned to a life of desperate poverty, loss of status and no livelihood skills. It is a life that offers no opportunities for age appropriate education and income generation. Having returned to their homes without the mental or psychological resources to become productive members of their communities, they are vulnerable to being dragged into a culture of violence that sees all solutions as coming out of the barrel of a gun.

In the north-eastern provinces, notably Badakhshan, and the eastern provinces of Laghman and Nangarhar, the major activity of child soldiers who have spontaneously returned or been informally disarmed by commanders and sent home is poppy growing. This illegal activity was cited by some underage soldiers as the only lucrative source of income in their home district.

Without any opportunities of a better life, this group is a potential source of re-recruitment into the militias if there are rumours of another war. Young men who have turned their backs on soldiering can be a potential threat to peace and security unless attractive opportunities and better alternative are provided for their reintegration.

Despite the very important decree issued recently by the Afghan Government to protect minors from involvement in the armed forces by making it illegal to recruit persons younger than 22 years of age, some factional forces continue to have child soldiers in their formations. Urged by UNICEF and other rights based organizations, the Transitional Islamic State of Afghanistan has signed the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict. This is an important step toward eliminating child recruitment.

UNICEF will facilitate and manage a child-specific community based Demobilization and Reintegration programme that will be within the framework of the Afghanistan's New Beginnings Programme (ANBP) process of DDR (Demobilization, Disarmament and Rehabilitation). However, the Child Soldiers Demobilization and Reintegration programme will be separate but parallel to the ANBP DDR process. A Technical Working Group on Child Soldiers has been formed to provide guidance and technical support to the Child Soldiers Demobilization and Reintegration process.

There are few unaccompanied or separated child soldiers in Afghanistan. One of the reasons is that the armed conflict was largely a home-front war. Almost all child soldiers saw their families regularly. Those who were at the front went home between battles; those who were in the barracks were in compounds very near to home and were free to visit their families frequently. Those who were sexual partners did not go to the front line, but served tea to their commander and others at his residence. Given the small number of separated child soldiers, family tracing and reunification will not be a major component of the demobilization process.

The reintegration of demobilized child soldiers into their communities will be effected through a range of developmental and psycho-social interventions including informal education, skills training and recreational activities. All interventions will be aimed at supporting young people's evolving capacities to participate in the reconstruction of Afghanistan. Specific programme interventions need to address not only the rights of these groups but their educational, vocational and psychosocial needs as well, if they are to integrate positively into peacetime society. The energy that these young people put into military activity must be redirected to building the peace.

Special emphasis in all program interventions will be on raising awareness through life skills and peer education about the dangers of HIV/AIDS and drug abuse. Capacity building on mediation and peaceful conflict resolution will be included to strengthen young people's participation in peace building. Technical assistance will be provided to government counterparts in the development of life skills, peace education and conflict resolution materials appropriate for the Afghan context. Family reunification and community reintegration will be supported for young people who are separated from their families.

"I joined when I was fifteen because there was no work, no school – there was nothing for me to do when the Taliban were here".

Four years later, the same child is still in the service of his local commander because he feels there is nothing else for him to do, and that he still has no other way of making a living.

"We all joined as soon as we were grown. There was nothing to do all day but look far away for firewood and to be hungry. Now we are home and there is nothing to do again. Unless-maybe-men with guns come again and offer us a job."

SOCIAL RISKS CREATED BY MINORS ASSOCIATED WITH THE FIGHTING FORCES

Young fighters without livelihood skills lack alternatives to survival without the economic support of the military.

Young fighters accustomed to the command structure lack the capacity to make good decisions and can easily be led into criminal activities, substituting "gang leaders" for commanders.

Desensitization to violence at a young age makes those who have left the "safety" of the command structure prone to violent solutions to community problems.

Source: Lost and Found, the Psychosocial Needs and Resources of Afghan Youth in the Post Conflict Era, Dr. Martha Bragin. April 2002

SOURCES OF STRESS REPORTED BY YOUNG SOLDIERS

- The first sight of dead bodies in trenches or on the battlefield
- The constant sound of firing and the fear of death
- Having close friends or family members die
- The distress caused by having to assemble body parts for burial after a bombing
- The suffering caused by heat, cold, and hunger on many occasions at the front. Behind the lines and away from the front most were well fed.

Source: Lost and Found, the Psychosocial Needs and Resources of Afghan Youth in the Post Conflict Era, Dr. Martha Bragin. April 200

A project in the north-eastern region, implemented through CCF/Child Fund Afghanistan (CFA) emphasizes child protection at the grassroots level through the creation of community-based processes for improving children's well being. This project is based on close collaboration with 8,000 families in the provinces of Takhar, Badakhshan, and Kunduz. The three projects have created an enabling environment for the reintegration of former child soldiers and war-affected young people in 90 communities.

2,500 children who do not have access to government-run schools have been enrolled in Community Centred Spaces as part of the on-going community education investment. 3,000 minors - including former child soldiers - are provided with reintegration assistance. The young people are given skills and vocational training in carpentry, tailoring, carpet weaving, shoe making, production of stone and cement tiles, embroidery, masonry and metal work. They are also provided with non-formal education and life skills and are given start-up kits to establish their trades.

These projects have integrated psychosocial support for young people through recreation and are creating important opportunities to enhance their social and economic well being. In Kabul, a similar project is reaching 1,000 out-of-school and working young people through vocational training, literacy classes, and the provision of start-up tool kits.

LANDMINES AND DISABILITY

Afghanistan has more mines per capita than any other country in the world. Years of war have left more than 780 square kilometres of known mined areas, over 500 square kilometres of battle area contaminated with unexploded ordnance (UXO) and another estimated 100 square kilometres of mined area from the recent conflicts. There are an estimated 200,000 survivors of mine/UXO accidents and between 120 and 150 new mine casualties every month, more than half of them children.

Simply being a child, with a child's natural curiosity and desire to play, touch and explore can be fatal in a mined environment. Everyday activities like herding livestock, fetching water or foraging for food or firewood can prove deadly. Children, being smaller and closer to the ground than adults, are less likely to survive a landmine or UXO explosion. Their injuries are also likely to be more serious.

Children who survive and are disabled can face enormous challenges as well as social stigma. They are less likely to have access to rehabilitation, education or other skills and are almost certain to be vulnerable as adults. The loss of a limb makes it impossible to work in an agrarian society, while women are likely to be ostracized because they are seen as being damaged.

	% OF CHILDREN WITH DISABILITY 1-4 YEARS				% OF CHILDREN WITH DISABILITY 7-17 YEARS			
Disability type	Urban	Rural	Boys	Girls	Urban	Rural	Boys	Girls
Vision	0.6	0.4	0.5	0.4	1	0.5	0.8	0.5
Hearing/Speech	1.8	1.1	1.6	1	1.3	1.1	1.3	1.1
Paralysis	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3
Amputee	0.3	0.3	0.3	0.2	0.6	0.3	0.4	0.4
Mental	0.4	0.3	0.4	0.3	1	0.6	0.8	0.5

Source: 2003 Multiple Indicator Cluster Survey, UNICEF Afghanistan/CSO

Mines are often laid around areas of economic importance, such as industrial buildings, roads, water sources and fertile land. Restricted access to these areas in the post-conflict period can seriously hinder the recovery process. By robbing children and adults of their freedom of movement, landmines and UXOs disrupt normal economic activity and block local and national development. In this sense, landmines ensure that war continues even when a conflict has ended.

Between 1997 and 2002, more than half of all injuries each year occurred in children under the age of 18. In 2002, the International Committee of the Red Cross (ICRC) recorded 1,237 new casualties from landmines, UXO and cluster munitions, of whom 146 were killed and 1,091 injured. Casualties were reported from 29 of Afghanistan's 32 provinces. 52 per cent were children under the age of 18 while 89 per cent were civilians. 260 required a single amputation; 51 double amputation; 75 of them lost the use of one or both eyes; and 705 suffered other injuries.

The actual number of victims injured and killed by landmines and UXOs in Afghanistan is likely to be substantially higher than that reported because the clinic-based surveillance system is likely to miss victims who die before reaching a clinic, victims whose injuries are too minor to seek medical care and those living in areas with no access to the health facilities that are involved in surveillance. Moreover, this surveillance system identifies deaths and acute injuries but does not monitor long-term disability. Neither does it show the psychological impact on victims or their families.

"It is worse for someone to lose a part of their body than to lose someone in death. The loss of a part of your body, especially for a young boy or girl, so that he or she cannot work - this is a continuous sorrow and pain"

Boy aged 12, in Kabul

The Government of Afghanistan is now a signatory to the Ottawa Convention prohibiting the use, stockpiling, production and transfer of anti-personnel mines and their destruction. This Convention was signed in December 1997 by 122 states. Since early 2002 UNICEF has been a part of MAPA (the UN Mine Action Programme for Afghanistan), providing coordination, technical assistance and capacity building initiatives for implementing partners to strengthen mine risk education (MRE) activities throughout Afghanistan

To reduce injuries and casualties related to mines and unexploded ordnance, UNICEF supports mine risk education in partnership with the UN Mine Action Centre for Afghanistan - UNMACA - through nine implementing partners.

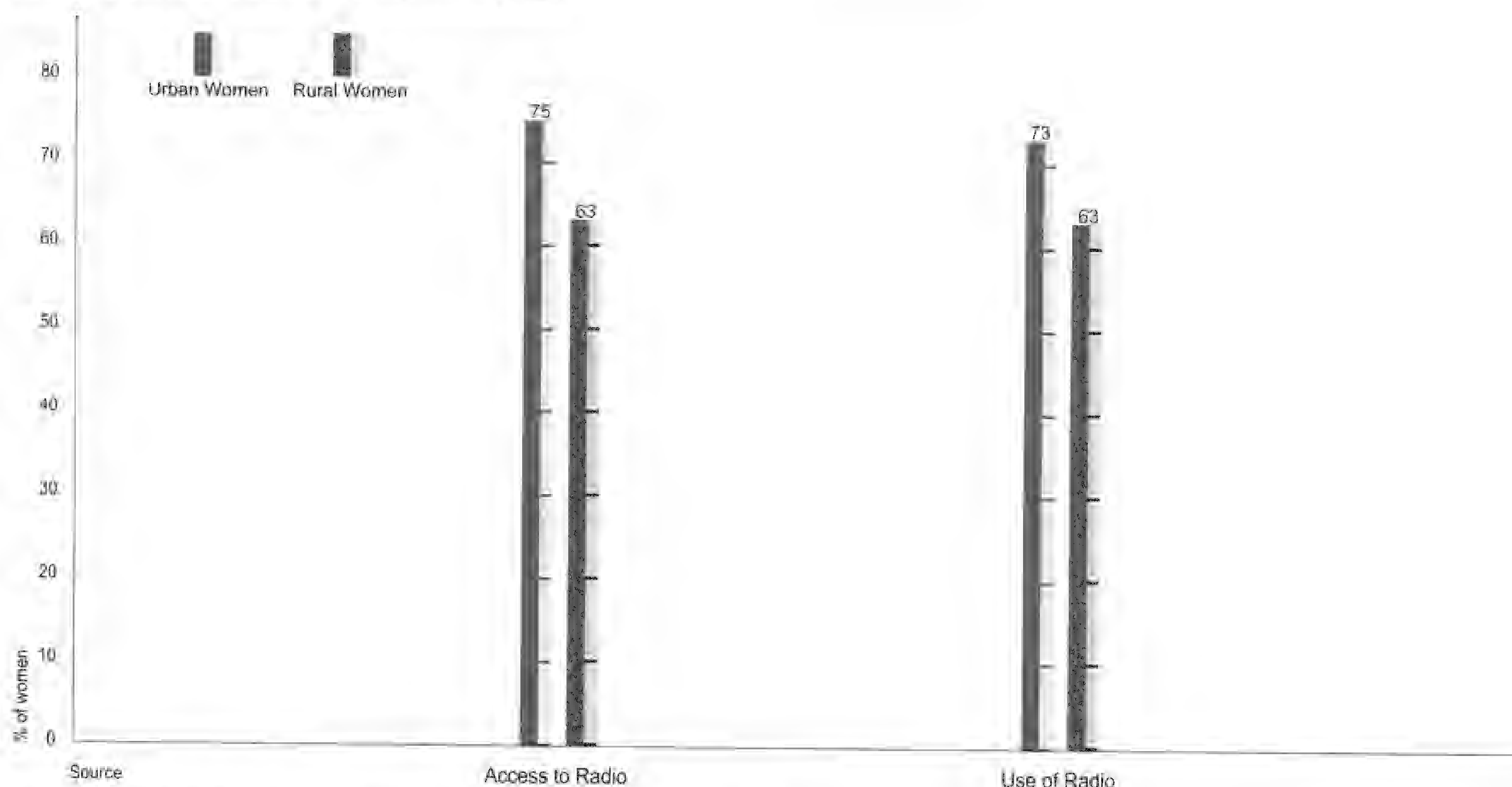
Emergency and quick response activities provide mine risk education for women and children in high-risk areas. The target groups include returnees, IDPs, Kuchis (nomads), students and others who are reintegrating or moving in unfamiliar environments that are unsafe. MRE activities target men, women and children in IDP camps, encashment centres for returnees, border crossing points, non-formal and formal schools, and in communities across Afghanistan. Through the MRE quick impact campaign which was part of the overall Back to School campaign, implementing partners reached some 32,000 schools across the country conducting briefing sessions and demonstrations.

School programmes have been developed that integrate MRE into the primary school system through classroom materials and training tools, and by providing MRE training to primary school teachers as part of their teacher training programme. Supporting the development of learning materials for educators, health and community workers, UNICEF in co-ordination with UNMACA and NGO partners reviewed and adjusted an MRE materials kit to be used for teacher training in schools. The MRE programmes in schools provide an important entry point for the long-term objective of incorporating mine awareness into formal education and community-based programmes. More than 25,000 teachers have already been trained and a further 25,000 will be trained in early 2004. 200,000 child-focused MRE posters have been produced and distributed through school and community based activities.

Community-based MRE provides community volunteers or workers with training that they can impart to the rest of the community. UNICEF supports META (Monitoring, Evaluation and Training Agency) in training of trainers for community based programmes. Community-based MRE methodologies have been developed and implementation of programmes in high-risk communities has begun. A recent Land Mine Impact Survey provides updated mapping and information on successful mine clearance activities. This information will increasingly be used to target community-based activities in those areas that are still unsafe and will allow MRE interventions to be specifically tailored to local needs.

Mass media campaigns using radio, TV, cinema, posters and other public media have been employed to reach large numbers of people with cost-effective and culturally appropriate MRE messages. UNICEF provides technical support and funding for BBC's radio programme "New Home, New Life", an extremely popular radio drama which incorporates stories and features relating to mine/UXO awareness themes. This series is broadcast three times a week in local languages and reaches more than 60 per cent of Afghanistan's population living in the country, as well as in neighbouring Pakistan and Iran. BBC-AEP (Afghan Education Project) radio has produced 12 three-minute MRE mini dramas that UNICEF is distributing to regional and provincial radio stations throughout the country.

ACCESS TO AND USE OF RADIO BY WOMEN



Source: 2003 Multiple Indicator Cluster Survey, UNICEF Afghanistan/CSO

LANDMINE AWARENESS IN ACTION

There are believed to be 10 million landmines in Afghanistan. Amongst those most at risk are people returning to the fertile Shomali Plain, just north of Kabul. This was the scene of some of the heaviest fighting for control of the capital, both during the fall of the Taliban and the civil conflict between mujahedeen factions in the early 1990s. The main road heading through the plain is bordered by minefields and the remains of military hardware - and it is here that many families are now trying to rebuild their homes and re-establish their livelihoods. The need for landmine awareness programmes cannot be overemphasized.

UNICEF, in a partnership with the Save the Children Fund, is playing its part in preventing death and injury amongst children as a result of landmines in Afghanistan. Afghanistan is living with the legacy of over two decades of conflict, and landmines and unexploded ordnance (UXO) litter the landscape.

UNICEF is focusing on landmine awareness amongst children, and is supporting a rapid information campaign in schools across the country, to warn children of the dangers of mines and UXO. Implemented by Save the Children, the campaign aims to give youngsters a first introduction to the landmine issue, and provides them with simple information about how to reduce risks of injury. A landmine awareness worker could visit more than 20 schools a week - one such worker in Kabul gave demonstrations to 30,000 children in just seven weeks. UNICEF is also integrating mine education into training courses for all primary teachers and is aiming to include the subject in the national curriculum.

The awareness sessions are highly practical, with pupils acting out what to do if they find a suspect object. For example, one exercise is to approach a model bomb on the floor, stop, and retrace their steps in case there are others nearby. Then they leave a warning sign - a pile of stones or something red.

In addition to the schools' education programme, UNICEF is also funding landmine awareness through the BBC Afghan radio service. With an estimated 60 per cent of the population having access to radio, the medium is an important vehicle for raising awareness amongst communities.

REFUGE FOR STREET CHILDREN

Not all of Kabul's street children have a place to go to when they want a hot meal or a doctor. But for some, ASCHIANA provides a home away from home where there is time to rest and to learn.

The Afghan Street Working Children and New Approach (ASCHIANA) is an Afghan NGO registered with the Ministry of Planning and the Ministry of Women's Affairs. ASCHIANA works with and assists war-affected and street children.

According to a 2002 survey conducted by ASCHIANA with the assistance of Terre des Hommes there were 38,000 street children in the ten main districts of Kabul. These included both girls and boys aged between seven and 16 years old. This was an increase from the 28,000 children ASCHIANA had counted in 1996.

The children were involved in a number of tasks including collecting paper and wood for fuel, collecting waste paper and metal, selling incense, washing cars, polishing shoes and begging for money and food. ASCHIANA with the assistance of Terre des Hommes opened its first centre for these children in 1995. The aim initially was to provide meals and medical treatment to these children. In 2001 ASCHIANA collaborated with the government and started an education programme for 300 girls. In 2002 they moved on to establish an accelerated education centre for older girls.

ASCHIANA's main activities include providing basic literacy, health education, mine risk awareness, narcotic hazards awareness and providing vocational training to street children.

WORKING AND STREET CHILDREN

Not enough is known about the exact mechanisms that allow families to cope and find the resilience to carry on after almost a quarter of a century of armed conflict, drought, political repression and displacement. The fact that there are almost no people living on the streets in spite of the large scale damage to housing and infrastructure over the last two decades can only be attributed to the resilience and generosity of Afghans in conditions of adversity. Extended family networks continue to care for their members and their children even under the most difficult circumstances and there are still many who have not been completely overwhelmed by their circumstances. What is also remarkable is that, unlike many other post-conflict societies in transition, there are very few children who actually live on the streets.

Children in war-affected Afghanistan have been faced with extraordinarily difficult challenges. Some have lost fathers who went to the front, died or left their families to look for work elsewhere. Young boys have suddenly found themselves forced to work as they are often the only males left in the family. Women are either unable to leave young children to work outside the home, or simply do not have the skills that can translate into income for their families. This means that as soon as the sons and daughters are old enough to find work, they are forced by circumstances to do so.

A noteworthy feature of street children in Afghanistan is that while there are many children "on" the street, there are very few who are "of" the street. The distinction is important. Very few of the children on the street are living on their own without family support. Even in the most appallingly difficult circumstances, families try to stay together. As a result, a majority of street children continue to live with their families, but many of them are the sole income providers. This puts a great deal of psychological pressure on both the child and the family. Many children are scavengers, collecting paper, tin, metal and small trinkets to sell. Others are employed in shops or as carriers of smuggled goods. Working conditions are frequently hazardous, and there is evidence that many are subjected to physical and sexual abuse.

Urban areas have seen significant increases in the number of street/working children. For example, in less than five years, the numbers have increased from 1,500 in Mazar-i-Sharif to 5,000. 40 per cent of these children are girls. By contrast, while the numbers have also increased in Herat, very few are girls. In Faizabad, a significant number of street working children are disabled, which increases their vulnerability further.

A recent survey of street-working children by Terre des Hommes in Kabul resulted in a head count of 37,284 with an estimated total that exceeds 50,000. More than 80 per cent of those surveyed are boys and a staggeringly high number of them – 36 per cent – are as young as eight to 10 years old. More than half of all the children surveyed were between 12 and 14 years old, showing that the age at which children are sent to work in the streets is coming down. Only one third of the surveyed children attend school and two out of every three work more than eight hours a day.

JUVENILE JUSTICE

ARTICLE 37 OF THE CONVENTION ON THE RIGHTS OF THE CHILD STATES:

State Parties shall ensure that:

a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed on offences committed by persons below eighteen years of age;

b) no child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate time;

c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons his or her age. In particular every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;

d) every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance , as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

At the end of more than 20 years of conflict and upheaval in the political environment of Afghanistan, the system for the administration of justice has virtually collapsed. Although legal institutions established under the 1964 Constitution continue to exist in Kabul and Mazar-i-Sharif, it is uncertain to what extent courts exist and function outside Afghanistan's main cities. Not only are courts understaffed and ill equipped, there are almost no judges, lawyers, or educational institutions with access to applicable statutes. The prolonged civil war has resulted in the destruction or disappearance of most statutes. In practice, therefore, courts apply Islamic and customary law and not the provisions of the 1964 Constitution or the applicable statutory laws. Moreover, even though they have no legal status under the 1964 Constitution, community-based institutions like jirgas - councils of elders - have always played an important role in the legal system.

As a result, the justice sector is in urgent need of technical assistance, capacity development and support for systems and policy reform.

The situation of juveniles in conflict with the law has been particularly desolate. Until recently, no information was available on judicial procedures and practices relevant to children, and there is no law or legislation protecting children at the present time.

A countrywide assessment on the situation of children in conflict with the law and deprived of their liberty was conducted jointly by the Ministry of Justice and UNICEF in the second half of 2002. It shows that because of a lack of trained professionals and appropriate services and systems, due process of law is not respected and children are being detained with adults for long periods without being heard by competent judicial authorities. This deprives them not only of their liberty but also of their basic right to parental care and support during a particularly difficult time in their lives.

Although juvenile crime rates in Afghanistan are currently low, the criminal justice system is still not able to deal with juvenile cases appropriately. The administration of justice by the police and the justice departments is consistent neither with the laws of the country nor with the relevant international human rights standards.

The community and family traditionally dealt with crimes committed by minors. The strong social, cultural and religious networks that operated within Afghan society, particularly in its rural areas, made it possible for simple misdemeanours to be dealt with by the community. Even when they commit petty crimes, children are by and large considered innocent and without malice. Only more serious crimes are referred to the criminal justice system.

In the large cities such as Kabul, Herat and Mazar-i-Sharif, juveniles who have committed a criminal offence are normally referred to the justice system. But at present there is no separate Juvenile Justice Code in Afghanistan providing for the arrest, investigation, prosecution and detention of minors who have committed a criminal offence. Those provisions and definitions that do exist for children in conflict with the law are not in consonance with international standards and are not applied uniformly to juvenile offenders.

The most common crimes committed by minors in Afghanistan are petty theft and pick-pocketing due to poverty. Children are commonly detained in prisons for crimes of a sexual nature such as homosexuality and elopement.

A study conducted by Medica Mondiale on women and girls in detention concludes that the situation of young girls awaiting trial is made more complex by the low status of females in Afghan society. Most of the detainees and convicts, including girls under the age of 18, have been detained for violating customary sexual laws, not criminal laws. Faced with the widespread lack of awareness of the law, they are also trapped by the intractability of conservative elements who uphold tradition even when it is in conflict with written law. Investigators and prosecutors see their role as negotiating between a family's sense of right and wrong, rather than in rigidly applying a written code. The interplay between custom and written law varies and is complex. It depends on the individuals involved, the part of the country concerned, the specific laws broken, and the identity of the accused. Implementation of the civil codes in many areas remains problematic and patchy, in part because few people have copies of the laws.

The laws that should apply to minors are sometimes adhered to in principle but in practice the administration of justice is not consistently applied throughout the country. Due to the general breakdown of the justice system, most of the minors and juveniles being detained in prison are kept there well beyond the time permitted by Afghan law. Most of them are kept in detention while awaiting trial, whereas under the applicable law they should be at home under the guardianship of their parents. Most of them are not told when their cases will be heard by the juvenile judge.

Family involvement during the processing and investigation of cases of minors is very rare. The police and justice departments are responsible for contacting parents and involving them in every stage of the legal procedures. However, they rarely do, primarily due to lack of awareness and resources. The result is that the majority of children are in detention without the support they need from their families, in violation of the law and their basic right to protection.

The most urgent need is for restructuring and strengthening the institutions administering juvenile justice. Many professionals from the field have either fled the country or have not been able to practice. As a result, few professionals are updated on the laws of the country and are misinformed on the correct administration of justice for juveniles. Training is required on the national laws of the country, the Convention on the Rights of the Child and other relevant international human rights standards for all professionals administering justice. Continuous advocacy is also needed on the correct administration of justice, especially on the issue of pre-trial detention.

THE MAIN PROVISIONS AND DEFINITIONS UNDER AFGHAN LAW RELATING TO CHILDREN IN CONFLICT WITH THE LAW AND THE ADMINISTRATION OF JUVENILE JUSTICE

- The age of criminal responsibility in Afghanistan is seven years
- A child is any person under seven years of age
- A minor is any person between seven and 13 years of age
- A juvenile is any person between 13 and 18 years of age
- Police custody: the police power for detention of a minor is limited to 24 hours. Within this period the case must be referred to the prosecutor's office;
- Minor offence (*Qibaha*): minor offence punishable with detention between 24 hours to a maximum of three months;
- Not serious crime (*Janha*): offence punishable with imprisonment between three months to five years or a cash fine;
- Serious crime (*Jenayat*): a crime punishable with execution or long-term imprisonment
- The departments of crime investigation within the Police and the Prosecutor's office have the duty to lawfully investigate the case. They also have the duty to take proactive measures to prevent a crime from occurring ;
- Investigation by the prosecutor: the prosecutor can investigate the case for a one-week period, and then the case should be referred to the courts. If more time for investigation is needed, the prosecutor can request the court to extend the detention. During the investigation, the minor is held in a rehabilitative facility, or can stay at home under the guardianship/responsibility of his/her parents

THE CONVENTION ON THE RIGHTS OF THE CHILD PROVIDES THE FOLLOWING GUIDELINES FOR THE ADMINISTRATION OF JUVENILE JUSTICE AND DEPRIVATION OF LIBERTY:

1. Parents should be supported in the care and protection of their children. Assistance must be provided to them to make this possible
2. Children have the right to grow up in a family environment. This is the best option for them.
3. Institutionalisation is the last resort, and should be for the shortest time possible.
4. Childcare, in all its forms should meet minimum standards fully in line with the rights of the child. These standards should contribute to enhancing the realisation in full of the right of each child to be cared for by his/her parents and to grow up within the family environment.

OTHER INTERNATIONAL INSTRUMENTS RELATING TO JUVENILE JUSTICE ARE:

- UN Rules for the Protection of Juveniles Deprived of their Liberty, 1990
- UN Guidelines for the Prevention of Juvenile Delinquency, 1990 (Riyadh guidelines)
- UN Standard Minimum Rules for the Administration of Juvenile Justice (Beijing rules)

To develop the capacity of professionals in the justice system to properly adjudicate juveniles, UNICEF has entered into an agreement with Penal Reform International to conduct a number of workshops and seminars for professionals working with young offenders. With technical support from UNICEF and in consultation with Judiciary partners, a draft Juvenile Code has been prepared, which upon final technical review by the Judicial Reform Commission (JRC) and the Ministry of Justice will be submitted to the Council of Ministers for their approval.

It is clear that the focus should be on the establishment of community-based preventive programmes for vulnerable minors at risk and on the development of awareness raising activities with families. Rehabilitative programmes, within an open facility, should be set up both for minors waiting trial and for sentenced minors as an alternative to imprisonment.

To meet this need, an open Juvenile Rehabilitation Centre has been set up in Kabul for children in conflict with the law. This provides an alternative to prison and will help to promote a non-custodial approach to underage offenders. Instead of imprisonment, the centre provides daytime educational and vocational training for minors accused of or convicted for minor offences. In May 2003, the Ministry of Justice ordered the release of all minors detained in Kabul Jail and their transfer to this rehabilitation centre. UNICEF is currently supporting the Ministry in addressing some of the legal and policy issues related to the transfer as well as in improving the services offered at the centre.

UNICEF has also undertaken a comparative legal study between the Convention on the Rights of the Child (CRC) and Afghan laws. The purpose of this study is to determine the areas where Afghan laws are compatible with the CRC, and where revision of the existing laws or drafting of new laws is required. The recommendations from the study will form the basis of a legal reform process in Afghanistan with regard to the rights of children.

ABUSE AND DOMESTIC VIOLENCE

ARTICLE 19 OF THE CONVENTION ON THE RIGHTS OF THE CHILD STATES:

1. State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical and mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent (s), legal guardian(s) or any other person who has care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment, and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Afghan parents have shown amazing resilience over the decades of conflict and instability in nurturing their children in a most challenging environment. But the enormous losses and hardship they have suffered sometimes lead to extreme frustration and aggression. Many parents experience a great sense of distress at not being able to meet their children's needs. Studies on the psychosocial situation of children in Afghanistan indicate that parents struggling with acute impoverishment often lose their patience and resort to excessive force and violent behaviour to discipline their children. Parents as well as children comment on the frequent use of beating in school and at home. Children refer to physical punishment and violence as one of the main risks to their well being.

"The Children of Kabul" is a qualitative study undertaken by Save the Children US, with UNICEF support, to elicit children's views and hear their experiences of everyday life. Using a series of focus group discussions with children and their families in Kabul, the study has produced valuable insights about the needs of war-affected children in Afghanistan.

The study focused on three main themes: the goals of Afghan children; the threats faced by children to their well-being and the coping resources children already have for dealing with their problems.

Children as well as parents and grandparents point out that children have holistic needs for their well-being. It is not enough to have physical or mental health to achieve well-being. This can only be achieved when a child's environment and attitude is positive, and when the child is supported by caring and protective relationships within the family and community. This expressed ideal refers to the traditional socialization process of children in Afghanistan, which involved the entire extended family, neighbours, the kinship network and the wider community. This is a network that has weakened and broken down during decades of war and displacement, but it remains the ideal that families still aspire to attain.

Children and their families feel that the well-being of children can be promoted by enhancing their morality, courage, religious knowledge, faith, responsibility, physical health, cleanliness, good feelings and positive relationships – helped by *tarbia* and by the Islamic faith.

One of the strongest concepts to emerge in discussions about what is important for children's well being was tarbia, which refers essentially to children's manners and the quality of their relationships with others. Children who have good tarbia are polite, obedient, respectful, sociable and peaceful. They use good language, have respect for elders and parents, keep themselves clean and are hospitable.

"The Children of Kabul", Save the Children US and UNICEF. 2003

The family is recognized as the best environment for care and protection. But weakened family relationships, difficult social and economic circumstances, loss of family members, and poverty can turn the family into a harsh and unloving place for children.

The children also spoke of their anxieties related to school. These can sometimes be contradictory. Children worry both about being excluded from school as well as the problems that they encounter once they are in school. Children talked about being specially upset when not allowed to attend school for lack of proper documentation, lack of money to buy the necessary uniform and materials or because they are girls who have reached an age at which their families do not consider it appropriate for them to attend. Children also describe the way in which cruel teachers can make their lives difficult because they use physical punishment as a form of discipline, which causes children great anxiety and even physical injury. Teachers are also cruel when they taunt children instead of showing them sympathy. Children expect teachers to be kind and understanding but the harshness they sometimes experience in school is an important source of worry for them.

It is impossible to separate the complex and multiple problems faced by children and to address them one by one. The testimonies of children in Kabul show how difficulties and suffering are always experienced in relation to each other; one set of troubles can compound and aggravate the others. For example, the major impact of war on a child may be displacement and separation, but along with those problems there may also be acute poverty and the child's unfamiliar new responsibilities to help provide for the family by finding paid work. A girl who is given away in marriage at a young age, so her family can use the bride price to overcome their poverty, is faced with new challenges because she is so young and does not know her new in-laws or what duties are expected of her. She may also face another set of problems if she is expected to bring in an income.

Repeatedly, the discussions emphasized the role of poverty as a link between different kinds of problems. Being poor and vulnerable can make other challenges greater. Poverty may increase tensions at home, force a child out on to the street, drop out of school or get married at an early age. Poverty compounds already difficult situations and can be a major cause of family tensions. Children said that the effects of family tensions on their well being were violence in the home, typically violence by husbands against wives or parents against children.

"Being poor can make you crazy"

Boy in a youth discussion group

But it is not war or poverty alone that causes children in Kabul to worry. Many fear traffic accidents or losing a family member from sickness. Family arguments and family violence are a major source of anxiety for them and lead to great sadness when they occur. Parents on their part are concerned that the experience of war has taught their children about aggression and fighting. They notice that boys in Kabul play war games, dividing into groups with the names of military factions and pretend to attack each other.

"During the mujahideen time the fighting parties were firing rockets at our village. In our village the children used to come out and make the noise of rockets with their mouths and say to me 'Baba Jan, the rocket is coming! Run!' They said 'I am Gulbadeen! Run! Run!' And after a few days a rocket actually fell and killed my five grandchildren."

From a grandfathers' group discussion


HOTO: UNICEF/AFGA/03228/ISAAC

1.

PREFACE

Afghanistan today is poised between great promise and deep peril. Rising hopes are tempered by dashed expectations. The euphoria caused by the defeat of the Taliban and the promise of international support filled Afghans with enormous optimism for a new life of peace and opportunity. But the peace has proved to be tragically fragile. And the opportunities are too limited and available to too few.

Two years of relative peace have done little to change the lives of ordinary Afghan families. After more than two decades of displacement, loss and trauma, the resources of millions across the country are completely exhausted. Their homes are lost or crumbling, the roads and communications damaged or missing. Assets have been sold or bartered in exchange for survival. The land in the southern areas is barren for want of water; seeds and tools and schools have been destroyed by years of fighting and neglect. Outside the major cities, if a child falls sick, there is little chance that medical aid will be found within reach. Finding transport or the money to pay for it can become insurmountable barriers to reaching the few hospitals or health facilities. And despite an official end to war, there is no real sense of safety or security for the common person.

In the last two years, the world's pledges of aid to rebuild the shattered nation have brought a few billion dollars into the country. But not all have translated into tangible benefits to the average family. A miniscule urban elite has gained some advantages, but very few have reached the vast majority. To many people in Afghanistan, the declarations of support are like familiar reminders of their long experience of deception and broken promises. The continuing lack of income, food and basic services could easily turn the disappointment of ordinary Afghans into despair or even anger.

THE RISKS IDENTIFIED BY CHILDREN AS THREATS TO THEIR WELL-BEING:

- war and displacement
- poverty
- heavy and dangerous work
- not being able to go to school
- family loss and separation
- family tensions, including physical punishment at home and abuse against adopted children
- bullying, teasing and pressure at school
- abusive teachers
- sickness and disability,
- gender-based expectations and discrimination
- early marriage
- kidnapping
- busy, unregulated traffic
- the damaged and dangerous environment

A quarter century of conflict can brutalize any society, even a highly structured and close knit one like Afghanistan. While Afghan children have been exposed to war-related trauma, most of them have been spared the extreme abuse and exploitation that can accompany a breakdown of social institutions and norms.

Afghan families in parts of the country have continued to face hardships and feel destitute even after the fall of the Taliban regime. These families are socio-economically vulnerable and are distressed by not being able to care for their families, especially children, in the manner that they hoped.

Many of these families, especially in the north and north-eastern parts of the country are seeking a solution to their economic difficulties by sending their children, especially young boys for work to neighbouring countries. This is a common practice, acceptable and reasonable in their eyes. In most cases, the families have consented to their children being sent to work in neighbouring countries but are unaware of the perils and risks that their children are exposed to.

UNICEF Afghanistan is aware of number of incidents of child trafficking that have been reported from the north and north-east of the country. A total of 106 cases have been documented by UNAMA this year in the north-east of the country. All but one of these children were boys and 61 per cent were below 15 years of age. 68 per cent of the cases documented were from one province, Badakhshan. The incidents have been confirmed by local government officials and NGOs, and families on interviews have disclosed that they do send their boys to neighbouring countries, often through relatives or smugglers.

One such incident occurred in September 2003. UNICEF office received reports that 14 children between the ages of 11 and 17 years old had been kidnapped from Takhar and Badakhshan provinces by unknown abductors, apparently for the purpose of being smuggled to Pakistan and Iran. The group was intercepted by police in Takhar. All of the children were safely sent back to their families in two districts.

Children who had travelled to Saudi Arabia in search of work have recently begun being returned to Afghanistan. Of the 107 children who have returned to date, 60 of them have been interviewed. The interviews revealed that the children were taken to Saudi Arabia by their parents or other relatives. Payment for travel took place either prior to the travel or after reaching the destination. Almost 90 per cent of the children came from Baghlan province in northern Afghanistan and most of the children were in contact with their families, usually by phone. Over 50 per cent were attending school in Afghanistan but since arriving in Saudi Arabia had had no access to the formal education system. Most of the children stated that they sold water and other petty things on the streets and were able to send money back to their families. They did not want to go back to Saudi Arabia but instead wanted to go back to school and study.

UNICEF condemns outright any incident of trafficking of children as breaches of the UN Convention on the Rights of the Child, which Afghanistan has ratified.

The Convention calls upon State parties to take measures to combat the illicit transfer and non-return of children abroad (Article 9), and to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (Articles 19 and 34). The Convention also calls upon State parties to take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form (Article 35).

To assist the Government of Afghanistan to meet the requirements of the Convention on this issue, UNICEF Afghanistan is working closely with other UN agencies, local authorities and NGO partners in areas affected by such incidents. Actions taken by UNICEF are as follows:

- **UNICEF supported the participation of two Afghan women from the Afghan Independent Human Rights Commission and the Ministry of Women's Affairs in a study tour on "Combating Commercial Sexual Exploitation of Children" organised by UNICEF**
- **UNICEF and the Independent Human Rights Commission held a workshop on child trafficking in September 2003. Participants included police officials from 32 provinces, as well as the Frontier Force from border provinces (Kandahar, Jalalabad, Herat, and Balkh), the Ministry of Justice, the Ministry of Women's Affairs, the Kabul Juvenile Court, IOM, and the media. From this workshop a joint mechanism for protection of children from trafficking, and preventative measures, are to be finalised.**
- **UNICEF sent a child protection officer to the north-east to meet urgently with other actors in each province, including UNAMA, UNHCR, IOM, child-focused NGOs, the Afghan Independent Human Rights Commission, provincial Governors, and representatives of the police and Justice Departments to discuss the cases of child trafficking, children missing or kidnapped.**
- **UNICEF has supported the Ministry of Labour and Social Affairs (MLSA) to establish a transit care centre for children returning from Saudi Arabia.**
- **UNICEF has conducted training for staff of the MLSA on interview techniques as well as administering questionnaires to children who have returned from overseas.**
- **UNICEF has held discussions on child trafficking and issues related to the return of children with the Embassy of Saudi Arabia, the Ministry of Foreign Affairs, and the MLSA**
- **UNICEF has written to the Minister of the Interior to call for his support in ensuring that adequate training and resources are available to law enforcement agencies nationwide to tackle incidents of child trafficking and abuse, to bring perpetrators to justice, and to urge for maximum penalties to be applied to those found guilty of such offences.**
- **In response to UNICEF's letter, the Minister of Interior has recently issued a directive to all provincial governors and the head of security police within Afghanistan to establish counter-trafficking committees in all provinces as well as clear measures to take to stop child trafficking.**
- **UNICEF has been designated as the secretary of an inter-ministerial technical committee, let by the Ministry of Labour and Social Affairs and approved by the President, which will develop a Plan of Action for the prevention of trafficking and protection and reintegration of child victims.**

Child trafficking is the "... recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (Article 3.a of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime

(The UN Trafficking Protocol)

OUT OF SCHOOL, BUT STILL IN WITH A CHANCE

Kabul, 24 April 2003

The district of Karte Sei, in west Kabul, epitomises some of the greatest challenges faced by Afghanistan today. This once elegant quarter of the city was systematically destroyed over the last thirty years as warring factions battled for control of the capital – nearly every building has been reduced to a skeleton, old cars riddled with bullet holes litter the streets, once proud avenues that used to be lined with trees are potholed and rutted. It is to Karte Sei that many former inhabitants of Kabul are now returning; the roofless and windowless buildings, many carrying painted warnings about landmines and unexploded ordnance, now provide homes to families of fifteen or twenty people. Every day, Karte Sei serves as a reminder of how much Afghanistan has lost at the hands of war, and how much remains to be rebuilt.



Rahim Ullah works on the frame of a shoe at the ACD project for out of school youth

One resident of Karte Sei is no stranger to challenges. Hafizi Azimullah never left Afghanistan during the years of conflict. A civil aviation engineer by profession, he has spent the last seven years building up a leading NGO – ACD – to provide education and vocational training to young people from across the city. During the Taliban era he was arrested by the religious police several times, and imprisoned for one month, for continuing to provide education for girls in a network of secret home schools across Kabul. Today he is focussing his energies on youngsters between the age of 15 and 18 years old, most of whom have had no formal education and are desperate to learn a skill by which to support themselves and their families.

At the two building complex that is home to ACD, some 500 young people spend four hours a day participating in lessons that follow the national curriculum and learning one of seven trades – metalwork, carpentry, shoemaking, carpet weaving, tailoring, masonry and leatherwork. Azimullah believes that education, combined with learning a trade, is the only way forward for these young people. "We are all making a real contribution to the future of country," he explains. "But we could do more. What I would like to see is this project being expanded, to focus on all the young people who still feel that having a gun is the best way to survive. This type of project could really do something for them, exchange their thoughts of guns for skills."

For now, though, ACD's vocational training project is still meeting the needs of young people who would otherwise have few options to develop and progress. Rahim Ullah is 17 years old, a strong looking boy with a big smile, keen to talk and show off his work. He spent the last year and a half living in Pakistan, but has never been to school. When his family came back to Kabul, he found himself washing cars for a living. But he knew it was not enough; he knew he could do better for himself and his family – parents and seven younger siblings. Four months ago he came to ACD and enrolled in a shoe making course; in another five months he feels that he will be ready to go into business with friends from the project – UNICEF is providing start-up kits of equipment and materials for the youngsters, to help them form cooperatives or join local companies when they complete their training.

"This is better than washing cars," he says, never looking up as he concentrates on shaping the shoe leather around a wooden mould. "There is so little water in the river now, and so many people doing the same thing, that it is difficult to earn a living that way. At first this course was difficult, now I am finding it easier. I am sure I will be able to start my own business soon, probably with some of my friends from the project."



Learning new skills, creating new opportunities. Mina works on another leather jacket as part of a vocational training course supported by UNICEF

Just across the passageway from the shoemaking room, equal optimism is demonstrated by a group of young women who are learning how to turn huge squares of treated leather into fashionable jackets for the local market. Sitting behind a manually operated sewing machine, 18 year old Mina is excited about her new skills and is quick to point to a beautifully made leather jacket hanging on the wall beside her – one of her own. Like Rahim, she too has recently returned from Pakistan. The pressure of supporting her family – fourteen relatives in her case – prevented her from undertaking any form of education during the five years she spent outside the country. For her, the ACD programme is a chance to catch up on those missed years, to get some education and most importantly a skill that will improve her prospects as an income-generator. Her family are also pleased to see her develop, and actively encouraged her to come and try out the nine month programme when an outreach team from

ACD visited her home. "I am learning a lot, and quickly," she declares. "Now I can make a jacket in one day, a jacket that could be sold in the market for 1,500 Afghanis (about US$ 30). When I finish this course, I am going to set up my own little factory at home."

Staff at ACD share the optimism of the young people in their charge. Master Craftsmen Ahyusullslin, who supervises about forty youngsters in the shoemaking section, is confident that they will all do well. "I used to work in a factory," he says "but this is much more rewarding, watching these young people improve themselves day after day. It makes me proud to see my own skills being passed on in this way, to benefit so many others." He also has words of caution for the bigger commercial shoemakers. "These guys are going to be real competition in a few months." Judging by the quality of the shoes, and the obvious care and attention to detail that the trainees put into their work, this is no idle warning.

Hafizi Azimullah still knows that there are many challenges to face. He would like to see the young people at the project move into mainstream school, but resources limit the educational element of the programme to just one hour a day. He hopes to find an organization that can provide food for lunch, so that the trainees can spend a whole day at the centre. He wants to set up a scheme that allows the money raised from sales of shoes, carpets and leather goods to go directly to the trainees in the form of a trust fund for each young person – at present, financial constraints mean that every cent has to be ploughed back into the programme to cover its costs.



Students concentrate on a mathematics lesson at the ACD project for out of school youth

Mina shares the concerns of Hafizi Azimullah that more needs to be done. She has friends who are out of work, who could benefit from ACD's programme. "This programme is really meaningful for women," she explains. "It gives us the chance of work, the chance to ..." She breaks off, looking for a simple way to express her enthusiasm. Then her face lights up as she declares "It gives us a real chance in life."

Commercial sexual exploitation of children affected by war is a part of their suffering that is rarely mentioned. A study undertaken by the South Asia Partnership International focuses on this aspect of the lives of Afghan children. According to the study, commercial sexual exploitation of children was not really a problem in Afghanistan in the years of relative peace. Two decades of war, drought, poverty and internal displacement have seen a sharp increase in child prostitution and pornography. According to the study, despite the Taliban's strict implementation of Sharia Law, child prostitution existed even in areas under their control and with their complicity. Child prostitutes were used to service areas under the control of the Northern Alliance and the refugee camps in Iran and Pakistan.

Children engaged in commercial sexual work are usually girls and boys between the ages of 10 and 17 years and the reasons for prostitution are usually economic. Street children who are orphans or have been abandoned are more likely to be sexually abused. These children will very often wander into cities in search of employment and are targeted by pimps and drug dealers and smugglers. Attractive young boys are often bought or kidnapped before they reach puberty. The purchase of young boys by military commanders is a practice that has existed in Afghanistan for many years. These boys are often bought by commanders at high prices and there is in-fighting among commanders to obtain certain boys. Children who are bought or abducted are also often smuggled through the mountains into neighbouring countries.

PHOTO: UNICEF/AFGA/00782/NOORANI

7.

YOUNG WOMEN MARRIAGE, PREGNANCY AND EMPLOYMENT

In Afghanistan, as in other traditional underdeveloped societies, gender affects destiny. To be born female is to be denied equal opportunities in almost every sphere of life. Afghan women are largely illiterate. Restrictions on their mobility limit their access to health care services and their low status in the family can often result in a smaller share of family resources including - but not limited to - food. Early marriage, frequent pregnancies, lack of decision-making power within the family and consequent lack of any control over family resources denies many women access to obstetric services, resulting in one of the world's highest maternal mortality rates.

There is little doubt that the position of women, particularly in urban areas, has improved since the end of Taliban rule. They are able to move around more freely, can work or study without hindrance, yet many of them continue to fear for their safety. Large numbers of women continue to be subjected to harassment, domestic violence and sexual abuse without recourse to any legal protection.

MATERNAL MORTALITY

Every time she brings a new life into this world, an Afghan woman faces considerable risks to her own health. The maternal mortality ratio (MMR) in Afghanistan is 1,600 deaths per 100,000 live births, one of the highest in the world.

There are great variations in the MMR between urban and rural areas, and this reflects the uneven availability of obstetric care and the means to access it. In Kabul, the MMR is 400, while it is a staggering 6,500 in Badakhshan, the highest ever reported anywhere in the world. A UNICEF-supported maternal mortality survey in three provinces (Kabul, Kandahar, and Badakhshan), with technical support from CDC (US Centers for Disease Control and Prevention), found that almost half (48 per cent) of the deaths among women of childbearing age in Afghanistan are the result of complications of pregnancy or childbirth. Once again the figures vary greatly by region: the proportion of women dying of pregnancy-related causes ranges from 16 per cent in Kabul, where at least one maternity hospital functions, to 64 per cent in Badakhshan, where health care services and access to them are severely limited.

In Badakhshan, the women who were interviewed during the survey reported that they had never seen a doctor and did not expect to visit one. There were no local clinics with female staff, nor were there any skilled birth attendants. The only local clinic was little more than a vaccination post. The nearest hospital is in Faizabad, which is at least seven hours away by car. Those who were taken there, often on donkeys or horseback, frequently died on the way.

The death of a mother has tragic consequences not only for her newborn baby but for the rest of her family too. If the baby survives its mother's death, it is unlikely to live for more than a few months as it will die of starvation without the mother's milk. If the woman has other children, their chances of being well cared for suddenly deteriorate. The father and other members of the family do their best to look after them but when the father remarries, his new wife is unlikely to pay much attention to another woman's children. She will be busy having babies of her own and taking care of them. The task of caring for children is the work of women so the father has little direct influence over their well being. Their protection dies with their mother.

Both men and women in the communities that were studied identified maternal mortality as their greatest health problem. Except for urban middle class women in Kabul, most of the women interviewed said that the fear of dying during childbirth was a cause of acute and continuing anxiety for them. In every village there were stories of women who have died in the process of bringing forth life.

"Mothers mostly die of maternity problems because there isn't any doctor or nurse in our area and sometimes because of eating too little and tuberculosis... My wife is an example of that condition and she died in childbirth"

Man in Ragh, Badakhshan

The leading causes of pregnancy-related deaths are haemorrhage and obstructed labour. But underlying these reasons are other problems, some related to the health status of the mother, while others are closely linked to socio-economic and cultural factors. Some of the factors that threaten a woman's survival in childbirth are early marriage and pregnancy, high fertility, low rates of literacy and awareness, inadequate nutrition, little or no ante-natal care, poor or non-existent roads and transportation, lack of mobility due to cultural norms, and lack of essential health services. Once a complication occurs, only emergency obstetric care services, such as caesareans, blood transfusions, infection management or obstetrical manoeuvres can save lives. The family's inability or unwillingness to travel long distances to seek care is compounded by a severe shortage of health care facilities and female health care providers, leaving women deplorably vulnerable to the risk of dying in the process of giving life.

It has been found that about 70 per cent of women who die of obstetric complications experience barriers or delays at three levels. The first delay is at the household level, and includes failure to recognize the danger signs or deciding not to seek health care. The second barrier prevents or delays a woman from reaching the health care facility even after a decision has been taken because transport is unavailable or unaffordable. The third barrier is at the health facility, where it is unlikely that the quality of service available can ensure that she receives timely and appropriate emergency obstetric treatment.

Almost 75 per cent of maternal deaths can be prevented. UNICEF's support to the Safe Motherhood Initiative (SMI) focuses on expanding and improving maternal health care services in both rural and urban areas, especially emergency obstetric care services that are currently almost non-existent in the country. Training is a critical part of this initiative. The aim is to increase the number of skilled female birth attendants and improving their ability to effectively manage complications. To this end, the first Centre of Excellence (CoE) has been established in the Malalai Maternity Hospital in Kabul, with two more underway in Herat and Mazar-i-Sharif. Eventually, five regional hospitals and 27 provincial hospitals will be rehabilitated and equipped with facilities and trained staff to provide emergency obstetric care services to pregnant women.

One simple way of saving the lives of young Afghan women is by protecting them against maternal tetanus. Because women's health often gets the lowest priority in the household, it became apparent that in Afghanistan the tetanus toxoid (TT) vaccine would have to be taken from house to house. The Afghan Ministry of Health, with the help of UNICEF and WHO, has developed a three year (2003-2005) plan to eliminate maternal and neo-natal tetanus. With the backing of President Hamid Karzai the first round was

aimed at 1 million women of child-bearing age in Kabul, Mazar-i-Sharif Jalalabad and Kandhar and eight rural districts near Kabul. The President appealed to families over radio and TV to encourage all women between the ages of 15 and 45 to be immunized. This was the first time that such a high level of public political commitment was made for the survival of women.

Afghanistan's TT campaign broke new ground, reaching 880,000 women; for the first time vaccinators used the new Uniject device, a pre-filled needle and syringe that can be administered by midwives and other local women with just one day's training. The first round was so successful that the health ministry decided to extend the programme to the entire country in 2004, with a target of covering 4 million women. One of the reasons for the programme's success could be that the majority of the vaccinators are female, and they have easier access to the women who need the vaccine. Out of 3,100 vaccinators employed in the first round, 2,700 were women and in Kabul all the vaccinators were women. This programme is opening up new employment opportunities for women who otherwise have little education and very few marketable skills.

As part of the Safe Motherhood Initiative, training of female doctors, midwives and anaesthesiologists in Emergency Obstetric Care is underway. Supplies and equipment are being provided to provincial maternity units. A Safe Motherhood social communication strategy is being developed to increase the awareness and utilization of Emergency Obstetric Care services and to promote women's health.



UNICEF Executive Director Carol Bellamy meets a young mother at Malalai Maternity Hospital in Kabul during a visit in October 2003

WOMEN'S EMPLOYMENT OPPORTUNITIES

Even before the Taliban imposed their excesses on Afghanistan, women had few opportunities to get an education or find employment in Afghanistan. Under the Taliban, they spent long years confined to their homes, cut off from education, employment and any contact with the rest of the world. This turned the clock back for Afghan women unlike anything that has been seen anywhere else in the world. As a result, they are much less educated than men. Compared to the male literacy rate of 47 per cent in 1999, female literacy stood at an estimated 15 per cent (2003 MICS: male literacy = 49 per cent, female literacy = 19.6 per cent). Without education or other employable skills, women are unable to find jobs or compete in the workplace with men. This adds economic disadvantage and dependency to all the other burdens an Afghan woman bears.

Some changes are already taking place and they are improving the opportunities of some women, especially in urban areas. Female students are now registered at the Law Faculty. Women are employed in administrative functions in courts, in the Offices of Public Prosecutors and the Ministry of Justice. A dedicated Ministry for Women's Affairs has been created and has been headed by a woman Minister.

The government's Maternal and Neonatal Tetanus vaccination programme, mentioned in more detail above, is providing new employment opportunities to women with very little education and almost no previous training. Money in a woman's hands gives her as well as her family more choices and adds to her standing in the community.

DEFENDING WOMEN'S HEALTH IN THE RURAL NORTH-EAST

Faizabad, Badakhshan province, June 2003

Dr. Hajera stands over her patient in the maternity ward at Faizabad Hospital, and shakes her head. "This mother came to us in a very bad situation. She had a damaged membrane during childbirth, and this led to infection. She came here very late; if she had come to us earlier we may have been able to prevent the infection but nobody in her family understood what was going wrong. We have given her antibiotics and her condition should improve." Then with devastating matter-of-factness she adds "If we had not had the antibiotics, she would have died."

Across the ward, another young woman is recovering from anaemia resulting from retention of her placenta. She gave birth several days ago at home, but the family did not realise that the placenta had not been expelled. As weakness and fever set in, the woman's relatives eventually decided to make a day-long journey to seek help. Mother and baby are doing well, but it could have been a different story if the journey had been longer.

Faizabad Maternity Hospital receives an average of fifteen referrals each day of complicated pregnancies such as these. Its four wards are constantly full; it is the only facility of its kind in the whole province, catering for a population of nearly a million people. Last year, the hospital successfully delivered over 600 babies; in the first three months of 2003

nearly 400 newborns were brought into the world by Dr. Hajera and her staff. Even when the wards are full, nobody is ever turned away – space will be found somewhere. But Hajera knows that they should be receiving more patients – she estimates that up to 30 women a day in Badakhshan suffer complications in pregnancy, but lack of awareness at community level, lack of transport, communications and local facilities mean that many of them never see the inside of her maternity wards. She applauds the support provided by traditional birth attendants, but warns that this alone is not sufficient.

"A birth attendant is not enough," she explains. "She needs proper supervision. She can help with a standard delivery, she can offer advice and guidance to mothers, she can make referrals of difficult cases. But when there is a complication, she can do nothing. She cannot deal with the types of cases that we see here."

Dr.Hajera,one priority is to invest in midwifery.There is no school of midwifery in Badakhshan,despite the statistics on maternal mortality that scream out for one.Across Afghanistan, according to a study by non- governmental organization MSH in 2002,there are only 605 women doctors and just 467 midwives.Yet,new recruits to the profession are standing by, eager to train."We have plenty of people who want to become midwifes,"she assures."But there is nowhere for them to train. We even have doctors willing to manage the courses.But no centre for them to work from. All the elements are in place for this type of development,but no-one has come up with the money to make it happen."

Fot this lack of support must come almost as an insult to Dr.Hajera and her team. There are just nine medical staff at the Faizabad Maternity Hospital;only two are fully qualified to care for the mothers who fill every bed.That means Dr Hajera and her head of midwifery take it in turns to work day and nightshifts, supported by auxiliary staff from the adjacent general hospital. The strain shows in the black lines that ring Dr.Hajera 's eyes. The pressure of caring, almost single-handedly, for her 20 patients weighs heavily upon her shoulders. She is plain-speaking, direct. And she is clearly exhausted.

"Nights are particularly difficult," she admits. "But there is no solution at the moment. We have to take blood pressures every hour, administer injections – sometimes I feel that we are not even doing everything we should be doing for these women. we simply don't have enough time."

The pressure of the workload is heightened by the limited facilities, even at this relatively well-equipped hospital. The four wards are crammed full, beds taking up all available space. Two delivery rooms boast the minimum of equipment. The centrifuge is so old nobody knows how to use it. The hospital cannot afford fuel for the generator, so wards are lit by oil lamps, and heating is unreliable. Forget about the incubators, sitting in a side-room but useless without guaranteed power. A proper system of oxygen supply or anaesthesia is still a luxury, meaning that even complicated surgical interventions tend to be carried under local anaesthetic. And all that is even before the issue of the low salaries is discussed – Dr. Hajera earns just US$ 36 a month. And yet she has remained committed to her work for ten years: she actually feels some things have improved – when she first arrived here from Kabul there was only one maternity ward. She confesses that some days, she wonders if she should carry on. But, like Bibihalema, she is driven by the needs that she sees all around her, each day, every night. "We always say there are many women who need us; we feel that we must continue, despite the difficulties. We have to go on, if only for these women."

The simplicity of her philosophy is matched only by the simplicity of her answer to the hospital's problems. "Just provide us with the funds for reasonable salaries to attract more staff, provide training for those young women who are keen to join us, and improve the equipment that we have. We will do the rest."

It seems a reasonable set of demands. We should not forget that that the world wrung its hands for so long in outrage at the way in which women's health care was destroyed by the years of conflict in Afghanistan, and expressed its dismay at the abuse of women's rights under the Taliban. In this new era of reconstruction, it would seem a natural first step to invest in programmes that strengthened and protected a woman's right to a safe pregnancy. A report released in 2002 by UNICEF and the Centers for Disease Control and Prevention indicated that tackling the three major barriers to maternal health care – lack of local knowledge about maternal health issues, lack of ready access to health facilities, and lack of properly equipped obstetric care centres – would have a significant impact on the rate of maternal deaths in Afghanistan.



Dr. Hajera provides one of the few sources of professional care available to expectant mothers in rural Badakhshan.

Dr. Suraya Dalil, a UNICEF maternal health officer in Kabul, has no doubt that serious investment in Afghanistan's provincial health systems could help to turn the tide."If we can develop better communication strategies, that help local communities – especially families – to understand the danger signs in pregnancy and child birth, we can start addressing some of the delays in seeking assistance. Secondly, by providing emergency obstetric care services – including the personnel to deliver them, such as midwives and auxiliary midwives – at provincial and district levels then we can help mothers reach professional support before minor complications become life-threatening. These two interventions alone would be a major step forward in making motherhood safe for Afghan women."

Dr. Hajera feels her own sense of disappointment at the fact that, eighteen months after the fall of the Taliban, she knows that ten women a day in Badakhshan are probably dying simply because they cannot access even the most basic of health care. She recalls one patient admitted to the hospital four years ago. "The woman had been haemorrhaging badly, but somehow had managed to travel for three days to get here. She died as she entered the corridor outside my office. If we had had one hour more, we could have treated her and saved her life. Today, most of the cases that we see are equally preventable, and each time a new patient comes here, and survives, we rejoice. Our sadness is for those who never make it this far."

The poverty and despair caused by the long years of drought led tens of thousands of men to join the Taliban in exchange for food and guns, and growing impoverishment could easily push even more towards the highly lucrative poppy business. The opium trade in Afghanistan accounts for possibly one-third to one half of the country's economy. The billions of dollars being spent on troops to control the drug trade do not translate into more security for the ordinary citizen of Afghanistan. However, investments that result in enough food, income and opportunities not only add up to greater security for individuals and communities, they also create alternatives that allow average citizens to resist unlawful drug or terrorist activity even when it is profitable.

There is little doubt that instability and insecurity need to be tackled before large-scale progress is possible. But health, education, safe water and the right to income, information and choices are not luxuries that must wait for the establishment of lasting peace. In fact, these basic rights together create the conditions that are needed for lasting peace to flourish. Peace is a behaviour that takes root in communities who are educated, developed and informed enough to make the choices that are best for them. It is a choice made by people whose good health, economic vitality and promising future have become incentives to maintaining peace.

Bringing the benefits of peace to the family's doorstep by providing basic services at the household level is essential if communities are to regain the confidence that they have a government that works and that the world cares about them. The overwhelming success of the Back to School campaign, with its provision of learning spaces and school supplies to more than 4 million children, is perhaps one of the few tangible peace dividends to reach the household. UNICEF-supported initiatives that now reach millions of families through the education and immunization programmes offer unique opportunities for providing more visible gains at the household and community levels.

Increased household contact will be used to provide more families with polio, measles and Tetanus Toxoid immunization as well as Vitamin A supplementation. Immunization activities already reach more than 6 million under-five children four to five times a year. The new birth registration project and the planned social mobilization and advocacy campaigns to promote girls' education and create awareness of safe motherhood will make the family the focus of new information and awareness about the rights of children and women. More than 80 per cent of the 3,000 vaccinators used in the maternal and neonatal tetanus campaign are women, and increasing numbers of women are among the 40,000 community volunteers for National Immunization Days. Employing them for these campaigns four to five times a year puts money into cashless households and gives families more freedom to spend the money as they choose. More than payments in kind, this infusion of cash enhances the dignity of proud Afghans, empowers women to take more purchasing decisions in the family and simultaneously pulls more products into local markets to revive ailing commercial enterprises.

UNICEF will focus on the school as the best opportunity to provide children and their families with the possibility of social change. During the last two academic years, millions of textbooks, notebooks and other stationery items like pencils, pens and erasers as well as schoolbags have been distributed all over the country. They have provided every home with evidence that peace has indeed brought benefits to families all across Afghanistan, including the most remote, inaccessible and underserved areas. The education that is now available to young boys and girls does more than teach them basic reading, writing and mathematical skills. They receive mine risk education and learn about hygiene and sanitation. School is also the place where children affected by the trauma of war are finding the stability and routines that they need to be socialized into a more normal life.

Increasingly, schools will become the venue for other critically needed services and information. The provision of safe drinking water points and sanitation facilities in schools will give communities access to these services as well as new knowledge and practices that affect their well-being. Health checks and de-worming of children, immunization against tetanus, and food for education in drought affected and food deficit areas will increase the value that families get from the school.

Beyond the home and the school, UNICEF will support community-based initiatives for the reintegration of war-affected children such as child soldiers, street and working children and minors in conflict with the law. Providing them with psychosocial support, life skills education and training for income generation will equip them to re-enter their communities as productive members who are confident that they too are participating in the development of their nation.

Many of the expectations that Afghans have of their government and the world community are dependent upon political and economic decisions that are linked to complex global events and international interests. But many of their aspirations are for the simple basics of life. They dream of safety, the right to work, to feed their children and give them learning and health. And to live a life of dignity and peace.

For that they should not have to wait.

SHARAD SAPRA
UNICEF Representative
Afghanistan



8.

THE ENVIRONMENT FOR CHILDREN

Every harsh reality that faces Afghanistan as a country profoundly affects the reality faced by the vast majority of its children. The lives of children are tied up with major political and economic decisions being taken in their country. The ability of parents, teachers and community leaders to give children their rightful opportunities for growth and development are dependent on choices made by statesmen on the national and international stage.


PHOTO: UNICEF AFGHANISTAN/KATARINA PREMFORS

ECONOMY AND INFRASTRUCTURE

Afghanistan's economy is in a state of collapse. The long years of drought and resulting famine, the ban on opium production, the choking of trade via Pakistan and the massive displacement of populations have exhausted what coping capacity was left among families and civil society. The key economic institutions of State - a central bank, treasury, tax collection and customs, statistics, civil service, law and order machinery, a functioning judicial system - are extremely weak or simply missing.

There is very little reliable data about the Afghan economy. Afghanistan's pre-war economy was mainly based on agriculture and animal husbandry. In 1978 – the last year of peace – Afghanistan was largely self-sufficient in food. The past 20 years of conflict have enormously exacerbated poverty, deprivation, and suffering.

Until 1978, Afghanistan's strategic geographic position during the Cold War resulted in the inflow of significant foreign aid as a result of which the country acquired a relatively good major road network, as well as some other infrastructure including major irrigation and hydroelectric facilities. This modern infrastructure, however, did not extend beyond the main arteries and urban centres. Social and other services (such as education and health) were largely limited to the relatively small urban sector. The long drawn-out war of Soviet occupation and subsequent factional infighting severely damaged this existing infrastructure. By the mid-1990s, most of the country's limited modern infrastructure – roads, bridges, irrigation, canals, telecommunications, electricity, markets – had been destroyed.

GOVERNANCE

The Bonn Agreement of December 2001 chalked out a timetable, for Afghanistan to draft and adopt a constitution and establish a democratically elected government. A national election was considered a workable option by June 2004. Despite concerns over security and intimidation in communities, those responsible for the election process believe that this deadline remains viable.

Against this optimism, there remain concerns. According to a report released by Refugees International in June 2003, almost a third of the country continues to be out of bounds without security escorts. In such an insecure environment there is an element of challenge to organize and oversee a complicated election, which would involve 12 to 15 million potential voters. The political situation in Afghanistan is compounded by the presence of still powerful local warlords and remnants of the Taliban and Al Qaeda.

The danger from bandits and terrorists continues to delay reconstruction, highlighting the importance of establishing the national police force as well as a functioning judicial system.

DRUGS

At the best of times Afghanistan has been a harsh land to coax a living out of. It is a land of difficult topographical and climatic conditions – high mountains covering most of the country, extremes of temperatures, and arid to semi-arid climate. With the destruction of the traditional irrigation system the last five years of drought have been especially difficult.

It is reported that poppy cultivation is part of the livelihood of some 1.7 million people, or about 7 percent of Afghanistan's population. Though declining prices reduced the average opium grower's income by 15 percent to US$ 594, the figure still is more than three times last year's national per capita income of US$ 184, according to a new survey by the Vienna-based U.N. Office on Drugs and Crime.

Afghanistan produces three-quarters of the world's illicit opium – the raw material for heroin – and two thirds of all opiate abusers use drugs of Afghan origin. Afghan opium farmers and traffickers brought home about US$ 2.3 billion, or about half of the country's legitimate gross domestic product in 2003, the report added. A report by the UN Environment Programme says that while it is estimated that a 2.5 tonne per hectare crop of wheat might earn a farmer US$ 440, the equivalent land sown to poppy will earn him US$ 18,400.

There are numerous obstacles to the work of the Counter Narcotics Directorate and Counter Narcotics Police. They include the alleged involvement of government officials in the trade, deteriorating security throughout the country, lack of government centralization and a severe shortage of capacity, expertise and resources. The efforts that have begun fall far short of meeting the enormous challenge of containing and phasing out narcotics production. The huge profits made by provincial administrators and local warlords and militia commanders represent an enormous challenge. The more they gain, the less likely it becomes that they will respect the law, be loyal to Kabul or support the legal economy.

POLICING AND INTERNAL SECURITY

Afghanistan is teeming with potential threats to security and stability, and they are both internal and global in scope. Within Afghanistan, internal power struggles and armed, subversive Taliban loyalists may pose the greatest threats to national survival. At present, the Afghan army's area of responsibility is unclear. In the long term one of the major tasks of an Afghan army will be to function as a counterbalance to warlords who, with their armed militias, control large areas of the country.

The security of Kabul and its surrounding areas is currently under the supervision of the International Security Assistance Force (ISAF) that is now under NATO's command. The general opinion is that the ISAF's limited numbers and geographic mandate lead to escalated insecurity in the rest of the country. So far, it has been left to the Coalition-led Provincial Reconstruction Teams (PRTs) to bridge the security gap outside Kabul; however plans are being finalized for ISAF expansion to other areas.

The PRTs are lightly armed clusters with a civilian component meant to serve the dual purpose of security and reconstruction. With constraints on ISAF's operational capacity outside Kabul, it has been left to the PRTs to try and create an environment conducive to rebuilding. These teams can be a useful contribution to the security deficit in the country but they are hardly adequate in their current form.

RELIGIOUS LEADERS

Afghans continue to be a traditional people very much steeped in the Islamic way of life. The mosque and local imams continue to be at the centre of their social life, especially in the rural areas. Imams and mullahs are seen as both spiritual and religious leaders and also a trusted source of guidance and advice on important issues. Afghan religious leaders have come together with UNICEF to address key issues related to the well being of women and children.

Religious leaders have used their pivotal role in Afghan society and the platform of their Friday sermons to promote girls' enrolment, national immunization days and other health campaigns across Afghanistan. In areas of the country with limited school and medical facilities, mosques have been used to provide classrooms and immunization centres.



UNICEF Executive Director Carol Bellamy listens to discussion at a gathering of religious leaders in Kabul, October 2003

LANDMINES

One of the bitterest legacies of Afghanistan's decades of conflict has been a landscape littered with landmines. Afghanistan has more mines per capita than any other country in the world. There are believed to be around 10 million landmines in Afghanistan.

The scars are everywhere. There are some 200,000 survivors of mine and UXO accidents, with between 150 and 300 new victims every month. Those most at risk are the refugees and internally displaced people returning to the Shomali Plain, just north of Kabul. The area saw some of the heaviest fighting for control of Kabul, both during the recent fall of the Taliban as well the fighting between the *Mujahideen* factions in the early 1990s. Children are also among those most threatened by landmines. They run the risk of injury or death from mines and UXOs as they cross unmarked fields on the way to school or play.

THE DEVELOPMENT COMMUNITY

Afghanistan has been a concern for international development agencies and NGOs for several years now, but only now does the security environment seem somewhat conducive to their active participation in the reconstruction efforts. But even as international agencies and NGOs return to the country, they continue to have very limited access to all the areas in need of urgent help. Large pockets of the country are still under the control of warlords and out of reach of aid agencies.

The challenge for development agencies, both working under the UN system and international NGO's, is to function within a diminished funding environment and mesh their mandate with the articulated development goals of the Afghan government. One of the ways in which the Afghan government has tried to streamline development work in the country is to require agencies to focus on the areas of their primary mandate and to channel funds through a national trust fund.

The stated goal of international development efforts is to create local capacity and work on establishing a model of rebuilding and re-construction that is Afghan led. The reality is that much more needs to be done before development agencies can succeed in creating the necessary capabilities so that their presence can be gradually phased out. It is only through the reduction of expatriate staff and the direct transfer of donor contributions to Afghan government and civil mechanisms that the benefits of development can actually reach the maximum number of Afghans.

UNICEF continues to emphasize the building of national capacity in all programmes. A nutrition technical unit has been established in the Ministry of Health in conjunction with Tufts University and three national counterparts have received daily on-the-job training from an expatriate advisor. There has never been a formal nutrition training course in Afghanistan and this is the first nutrition department to be formed in the Ministry. UNICEF will continue to increase the capacity of the Ministry of Rural Reconstruction and Development by facilitating institutional arrangements between the Ministry and renowned institutions with established track records in water supply, sanitation and hygiene education programmes. UNICEF will finance and promote these linkages with the objective of quickly building the Ministry's own capacities to meet the demands of the sector.



PHOTO: UNICEF AFGHANISTAN/KATARINA PREMFORS



PHOTO: UNICEF AFGHANISTAN/KATARINA PREMFORS

2.

EXECUTIVE SUMMARY

Afghanistan stands at the gateway of a new century as a nation that must resurrect itself from its own debris. A quarter century of conflict has left behind a nation that has few functioning civic, political or economic institutions, a ruined infrastructure, and limited resources to start the arduous process of rebuilding a nation.

Yet it is a nation with a firm belief in its own destiny and future. It is a country where every development indicator is at its lowest, yet it is a country that does not hesitate to dream of a better future.

Saving lives continues to be a primary need in Afghanistan. The country has some of the world's worst mortality rates for women and children, devastated as it has been by war, drought and natural disasters. Ensuring the survival and the future of Afghan children is a task that requires a national effort to protect them from death, disability and illiteracy.

When years of conflict and underdevelopment beset a country, the most vulnerable suffer the most. And so it has been in Afghanistan where children, particularly girls, have paid the highest price. An Afghan child is at risk even before its birth. At 172 deaths per 1,000 live births, Afghanistan's under-five mortality is among the highest in the world. The majority of Afghan women have little or no access to health services. Nine out of ten women deliver their babies at home without any skilled assistance or ante-natal care; many die in the process of creating life.

As the infant grows older the risk of infections looms larger. Measles and water borne infections pose the deadliest threats. Programmes of immunization and provision of safe drinking water are aimed at saving young lives threatened by infections and diarrhoeal disease. Eleven million children aged between six months and 12 years were immunized against measles in 2002 and so far another 5 million have been immunized in 2003 (aged 6- to 59 months). More than 6 million Afghan children have also been immunized against polio.

Acute malnutrition is not a severe health problem in Afghanistan, affecting less than 10 per cent of the population. However, low weight for age, and wasting and stunting in young children are much more significant health issues. The causes are complex and are mostly related to a gradual deterioration of livelihoods and environment. While poverty results in lack of food or limited health care, improved caring practices can optimize the use of existing resources to promote healthy growth. UNICEF works with the World Food Programme and non-governmental organizations to reduce malnutrition through supplementary feeding centres in local villages and towns. Universal salt iodization is being introduced to end the physical and mental underdevelopment caused by iodine deficiency.

Afghan children have traditionally spent their early childhood years surrounded by extended family and community. These close ties ensured that the socialization of the child was a shared responsibility between parents and the community. Years of war, repeated displacement and drought have crippled the extended family network and community support system. More and more Afghan children are growing up without close family bonding.

The importance of the early childhood years in the eventual development of children is emphasized in programmes that focus on intervention at this critical juncture in a child's life. There are several positive child rearing models in Afghanistan that can be built upon for early childhood development.

The future of Afghanistan was dealt a deadly blow by the destruction of its educational institutions. Years of conflict destroyed a system which was fragile and limited to urban centres to begin with. When the Taliban banned girls from attending school, the Afghan hunger for knowledge was expressed in a steady growth of secret home-based schools. These schools were supported by communities and there were instances of local elders who posted lookouts to warn teachers and students of the arrival of the Taliban.

That yearning for knowledge provided the impetus for the unprecedented success of the Back to School campaign. Launched at the end of 2001, it aimed to enable 1.5 million primary age school children to resume education by March 2002. But in March nearly 3 million children, nearly one third of them girls, thronged the schools. UNICEF provided school supplies that included 7 million textbooks and 8 million notebooks. The Back to School campaign was UNICEF's largest logistical effort anywhere. The supplies included 60,000 student kits, 33,000 teachers' kits and 18,000 blackboards. In 2003, enrolment levels rose to 4.2 million.

The real challenge in education will now be to sustain and increase the growing levels of enrolment and to improve the access of girls all over the country to education. An even greater challenge is to effect major improvements in the quality of teaching by providing better training to larger numbers of teachers and develop more relevant teaching and learning materials. These improvements are essential to achieving the national objective of making education equally accessible to more girls. They will also begin to address the causes that prevent them from making greater use of the educational opportunities now being made available to them.

In a country with so many desperate concerns, it is no surprise that often the interests of those who are marginalized even among the most vulnerable get little attention. These are displaced children, child soldiers, street children and disabled and sexually and commercially exploited children. 57 per cent of the population of Afghanistan is under the age of 18, so most Afghans today only know of a life shaped by conflict. Children have witnessed close family members dying. They have been drawn into the conflict as soldiers or helpers in armed groups. In societies like Afghanistan which are going through severe post conflict transition, poverty often becomes a threat to children's security. Desperately poor parents are forced to send children to the streets to work or beg.

In the past two decades of war, all parties in the conflict have used children under the age of 18 as soldiers. Many children join because they have few other economic alternatives, some are forced and some view military commanders as role models in the absence of other male elders. Following advocacy efforts by UNICEF and other agencies, the Afghan government has signed the Optional Protocol on the Rights of the Child on the Involvement of Children in Armed Conflict. A national programme of demobilization and rehabilitation of child soldiers is now underway.

One of the bitterest legacies of Afghanistan's decades of conflict has been a landscape littered with landmines. Afghanistan has more mines per capita than any other country in the world. There are believed to be around 10 million landmines in Afghanistan. Children run the risk of injury or death from mines and unexploded ordnance (UXOs) as they cross unmarked fields on the way to school or play. Since early 2002 UNICEF has been a part of MAPA (the UN Mine Action Programme for Afghanistan), providing coordination, technical assistance and capacity building initiatives for implementing partners to strengthen Mine Risk Education (MRE) activities throughout Afghanistan.

To create an atmosphere that is conducive to the overall development of children, it is necessary to empower and educate women. Afghan women are largely illiterate and their limited mobility restricts their access to health care services. Their low status in the family can often result in a smaller share of family resources. Early marriage, frequent pregnancies, lack of decision-making power within the family and the lack of nearby health facilities with female doctors denies women access to emergency obstetric services. With a maternal mortality ratio as high as 1,600 per 100,000 live births, the lifetime risk of dying during pregnancy or childbirth in Afghanistan is 1 in 9. There are other gender-related risks to women's health. Women spend much of their time in poorly ventilated areas inside the house, cooking on wood fires and this can result in a higher risk of TB.

There is little doubt that the position of women, particularly in urban areas, has improved since the end of Taliban rule. They are able to move around more freely, can increasingly work or study without hindrance, yet many of them continue to face fears for their safety. Large numbers of women continue to be subjected to harassment, domestic violence and sexual abuse without recourse to any legal protection.

Despite some very significant achievements in the post Taliban era, there is much that needs to be done to ensure the rights of women and children and to make sure that development efforts do not lose momentum. The current security situation constrains the reconstruction efforts of governmental and international agencies as well as NGO's. Large parts of the country are still under the control of warlords and out of reach of aid agencies. Many of these inaccessible areas are in need of urgent reconstruction and development work.

The challenge for the Afghan government and the international community is to ensure that funds and technical skills continue to flow into Afghanistan to create development capacity at both the national and local levels. Opportunities and choices must be made available for Afghanistan to become a viable member of the world community. The danger of its becoming a failed state, or even more ominously, a narco-mafia state is all too real today. This is a danger that is recognized both within and outside the country. The promises made to the Afghan people must be kept. Failing to do so could have extreme consequences for the country as well as the rest of the world.

CHANGING LIVES

CHILDREN IN AFGHANISTAN
AN OPPORTUNITY ANALYSIS



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